

## **APPENDIX 5**

### **INTERFACE DETAILS**

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### **STATE OF NEW JERSEY DIVISION OF YOUTH AND FAMILY SERVICES INTERFACES TO EXTERNAL SYSTEMS**

**SYSTEM NAME** DYFS Title IV-A (CASS) Interface

**PURPOSE** DYFS and DFD will jointly develop the interface between SACWIS and CASS which will allow automatic exchange of data, accept and process updates and identify potential duplicate payments.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Incoming/Outgoing  
**FREQUENCY** To be determined  
**BATCH/ON-LINE/OTHER** Batch

#### **DYFS SYSTEM**

**PLATFORM** To be determined  
**SOURCE (SIS PCIS etc)** SACWIS  
**FILE NAME** To be determined

#### **INTERFACE PARTNER**

**AGENCY** DFD  
**SYSTEM NAME** CASS  
**PLATFORM** To be determined

**METHOD OF TRANSFER** To be determined

#### **COMMENTS**

DFD is in the process of issuing an RFP to design, develop and implement a Consolidated Assistance and Support System (CASS). This interface should be developed in conjunction with CASS. More information on CASS can be found at: [www.state.nj.us/humanservices/outreach-v7-1.html](http://www.state.nj.us/humanservices/outreach-v7-1.html).

**NUMBER OF DATA ELEMENTS** To be determined  
**APPROX. LENGTH OF RECORD** To be determined  
**APPROX. NUMBER OF RECORDS** To be determined

**DATA ELEMENTS** To be determined

**STATE OF NEW JERSEY  
DIVISION OF YOUTH AND FAMILY SERVICES**

**INTERFACES TO EXTERNAL SYSTEMS**

**SYSTEM NAME**    DYFS Title IVA -EA Interface

**PURPOSE**        DYFS sends a file of all IVA-EA eligible DYFS clients to DFD to match with identify potential duplicating IVA-EA claims since NJ can only claim one emergency Assistance (EA) payment per incidence per year.

**EXISTING OR NEW**                      New  
**INCOMING / OUTGOING**                Outgoing  
**FREQUENCY**                              Quarterly  
**BATCH/ON-LINE/OTHER** Batch

**DYFS SYSTEM**

**PLATFORM**                                To be determined  
**SOURCE (SIS PCIS etc)**                SACWIS  
**FILE NAME**                                To be determined

**INTERFACE PARTNER**

**AGENCY**                                    DFD  
**SYSTEM NAME**                              FAMIS  
**PLATFORM**                                   Bull

**METHOD OF TRANSFER**                To be determined

**COMMENTS**

DFD is in the process of issuing an RFP to design, develop and implement a Consolidated Assistance and Support System (CASS). This interface should be developed in conjunction with CASS.

DYFS identifies over \$20,000,000 of IVA-EA expenditures (payments and Administrative costs), but receives \$6,800,000 allocation.

**NUMBER OF DATA ELEMENTS**                10  
**APPROX. LENGTH OF RECORD** 70  
**APPROX. NUMBER OF RECORDS**                5,000

**DATA ELEMENTS**

Last name, First name, SSN, DOB, DFD Issuance date, SIS case number, SIS client number, EA Indicator, EA Start date, EA End date.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** Title IVA-EA DYFS Interface

**PURPOSE** DYFS receives a file from DFD that identifies matching IVA-EA cases. Duplicated cases can only be claimed once per incidence per year.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Quarterly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** To be determined  
**SOURCE (SIS PCIS etc)** SACWIS  
**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** DFD  
**SYSTEM NAME** FAMIS  
**PLATFORM** Bull

### METHOD OF TRANSFER

#### COMMENTS

DFD is in the process of issuing an RFP to design, develop and implement a Consolidated Assistance and Support System (CASS). This interface should be developed in conjunction with CASS.

DYFS identifies over \$20,000,000 of IVA-EA expenditures (payments and Administrative costs), but receives \$6,800,000 allocation.

**NUMBER OF DATA ELEMENTS** 10  
**APPROX. LENGTH OF RECORD** 70  
**APPROX. NUMBER OF RECORDS** 5,000

### DATA ELEMENTS

Last name, First name, SSN, DOB, DFD Issuance date, SIS case number, SIS client number, EA Indicator, EA Start date, EA End date.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** IV-D Interface for CSP Referrals

**PURPOSE** To notify CWA (County Welfare Agencies) to initiate child support collection procedure to notify CWA the termination of referrals of CSP. To notify CWA and the Probation Office to terminate the collection procedure when DYFS child returns home and the collection order has been made.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** TBD  
**BATCH/ON-LINE/OTHER** Batch or on-line

### DYFS SYSTEM

**PLATFORM** To be determined  
**SOURCE (SIS PCIS etc)** SACWIS  
**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** DFD  
**SYSTEM NAME** ACSES  
**PLATFORM** BULL

**METHOD OF TRANSFER** Electronic file transfer or Fax of hard copies

### COMMENTS

DFD is in the process of issuing an RFP to design, develop and implement a Consolidated Assistance and Support System (CASS). This interface should be developed in conjunction with CASS.

Currently, DYFS Bureau of Revenue Development staff has direct access to ACSES.

**NUMBER OF DATA ELEMENTS** 40-60

**APPROX. LENGTH OF RECORD** To be determined

**APPROX. NUMBER OF RECORDS** 1000 per months

### DATA ELEMENTS

County, DYFS DO, Child Name, DOB, Place of birth, SSN, IV-E Status, Address, DYFS case number, DYFS child number, Prior AFDC#, Mother name, DOB, SSN, Address, Employer, Father name, DOB, SSN, Address, Employer.

## **INTERFACES TO EXTERNAL SYSTEMS**

**SYSTEM NAME** IV-D Interface - CSP payments

**PURPOSE** To provide collection information to DYFS as part of the Account Receivable information for each child.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Daily  
**BATCH/ON-LINE/OTHER** Batch

### **DYFS SYSTEM**

**PLATFORM** To be determined  
**SOURCE (SIS PCIS etc)** To be determined  
**FILE NAME** To be determined

### **INTERFACE PARTNER**

**AGENCY** DFD  
**SYSTEM NAME** ACSES  
**PLATFORM** BULL

### **METHOD OF TRANSFER**

#### **COMMENTS**

DFD is in the process of issuing an RFP to design, develop and implement a Consolidated Assistance and Support System (CASS). This interface should be developed in conjunction with CASS.

**NUMBER OF DATA ELEMENTS** 10-20  
**APPROX. LENGTH OF RECORD** To be determined  
**APPROX. NUMBER OF RECORDS** 2000 per month

### **DATA ELEMENTS**

DYFS Case number, Child number, CSP Number, Invoice Number, Child Name, Payer Name, Check Date, Payment Amount, etc.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** IV-E IV-D Interface

**PURPOSE** DYFS provides DFD a file of all IV-E claimable Board payments in order to update expenditure data for child support collection calculation.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** Monthly  
**BATCH/ON-LINE/OTHER** Batch file

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** SIS  
**FILE NAME** DX77PM

### INTERFACE PARTNER

**AGENCY** DFD  
**SYSTEM NAME** ACSES  
**PLATFORM** Bull

**METHOD OF TRANSFER** Bull disk File @  
ACSES\_PROD4/PROD49/PERM/DYFS-IVE

### COMMENTS

Currently, only board payments are included in the file. Other IV-E claimable items are not reported.

A paper report is generated which may not be needed in the future.

**NUMBER OF DATA ELEMENTS** 5  
**APPROX. LENGTH OF RECORD** 24  
**APPROX. NUMBER OF RECORDS** 6,000

### DATA ELEMENTS

Case Number, Member Number, IV-E Indicator, Service From date, Service To Date, Board Amount.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** SIS - MEDICAID Daily Update  
**PURPOSE** Daily updates of the Medicaid Eligibility file of 'new',  
'change' or 'close' transactions from SIS.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** Daily  
**BATCH/ON-LINE/OTHER** Batch (tape)

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** SIS  
**FILE NAME** DX104PD/SI411

### INTERFACE PARTNER

**AGENCY** DMAS  
**SYSTEM NAME** MEDICAID  
**PLATFORM** IBM

**METHOD OF TRANSFER** Tape

### COMMENTS

DYFSA/MEDSTUB to HUBA

**NUMBER OF DATA ELEMENTS** 50  
**APPROX. LENGTH OF RECORD** 350  
**APPROX. NUMBER OF RECORDS** < 1000

### DATA ELEMENTS

000003\* JOBSTREAM: DX0104PD \*

000004\* PROGRAM : SI411 \*

000005\* FILE NAME: TAPE PSI410B11 \*

000006\* \*

000007\* NOTES: \*

000008\* \*

000009\*\*\*\*\*

014900 FD TAPE-FILE

015000 CODE-SET IS EBCDIC

015100 BLOCK CONTAINS 15900 CHARACTERS

015200 RECORD CONTAINS 350 CHARACTERS 0786ET

015300 VALUE OF FILE-ID IS "JRGB.YF.MEDWKLY"

015400 LABEL RECORD IS STANDARD

015500 DATA RECORD IS TAPE-REC.



015600	01	TAPE-REC.	
015700	03	TAPE-BATCH-NO	PIC 99.
015800	03	TAPE-TRAN-CO	PIC 99.
015900	03	TAPE-DIF-PART.	
016000	05	TAPE-REC-CNTR	PIC 999.
016100	05	TAPE-CNTY-159	PIC 99.
016200	05	TAPE-DATE-RUN.	0786ET
016300	07	TAPE-DATE-RUN-CC	PIC XX. 0786ET
016400	07	TAPE-DATE-RUN-YY	PIC XX. 0786ET
016500	07	TAPE-DATE-RUN-MM	PIC XX. 0786ET
016600	07	TAPE-DATE-RUN-DD	PIC XX. 0786ET
016700	05	TAPE-BATCH-OFFICE-CODE.	0786ET
016800	07	TAPE-BATCH-OFF-CD-1	PIC X. 0786ET
016900	07	TAPE-BATCH-OFF-CD-2	PIC X. 0786ET
017000	05	FILLER	PIC X(331). 0786ET
017100	03	ACT-PART REDEFINES	
017200		TAPE-DIF-PART.	
017300	05	TAPE-CASE-NO	PIC X(10).
017400	05	TAPE-INIT-TERM-DATE.	
017500	07	EF-CC	PIC XX. 0786ET
017600	07	EF-Y2	PIC XX. 0786ET
017700	07	EF-MM	PIC XX. 0786ET
017800	07	EF-DD	PIC XX. 0786ET
017900	05	COMM-PART.	
018000	07	TAPE-OLD-CASE	PIC X(12).
018100	07	TAPE-PERS-NO-A	PIC XX.
018200	07	TAPE-CAT	PIC X(3). 0786ET
018300	07	TAPE-LNAME-A	PIC X(12).
018400	07	TAPE-FNAME-A	PIC X(7).
018500	07	TAPE-MIDIN-A	PIC X.
018600	07	TAPE-DOB.	
018700	09	T-DOB-CC	PIC XX. 0786ET
018800	09	T-DOB-YY	PIC XX. 0786ET
018900	09	T-DOB-MM	PIC XX. 0786ET
019000	09	T-DOB-DD	PIC XX. 0786ET
019100	07	TAPE-SEX	PIC X.
019200	07	TAPE-MART-ST	PIC X.
019300	07	TAPE-RACE	PIC X.
019400	07	TAPE-REAS-A	PIC X(2). 0786ET
019500	07	TAPE-IDCO	PIC X.
019600	07	TAPE-OTHER	PIC XX.
019700	07	TAPE-MED	PIC X.
019800	07	TAPE-HIC-CLAIM-NO	PIC X(12). 0786ET
019900	07	F	PIC X.
020000	07	TAPE-OTHER-INS-POLICY	PIC X(12). 0786ET
020100	07	TAPE-PREG-DUE-DATE.	0786ET
020200	09	T-PREG-CC	PIC XX. 0786ET
020300	09	T-PREG-YY	PIC XX. 0786ET
020400	09	T-PREG-MM	PIC XX. 0786ET

020500	09 T-PREG-DD PIC XX.	0786ET
020600	07 TAPE-SSI-EFFECT-DATE.	0786ET
020700	09 T-SSI-EFF-CC PIC XX.	0786ET
020800	09 T-SSI-EFF-YY PIC XX.	0786ET
020900	09 T-SSI-EFF-MM PIC XX.	0786ET
021000	09 T-SSI-EFF-DD PIC XX.	0786ET
021100	07 TAPE-SSN PIC X(9).	0786ET
021200	07 F PIC X(5).	0786ET
021300	07 TAPE-NAME PIC X(22).	
021400	07 TAPE-ADDRESS-1 PIC X(22).	
021500	07 TAPE-ADDRESS-2 PIC X(22).	
021600	07 TAPE-ADDRESS-3 PIC X(22).	
021700	07 TAPE-ADDRESS-4 PIC X(22).	
021800	07 TAPE-ADDRESS-5 PIC X(22).	
021900	07 TAPE-ZIP PIC X(5).	
022000	07 TAPE-ZIP-4 PIC X(4).	0786ET
022100	07 F PIC X(4).	0786ET
022200	07 TAPE-IMMIGRANT-TYPE PIC X(2).	0786ET
022300	07 TAPE-DATE-OF-ENTRY.	0786ET
022400	09 TAPE-DOE-CC PIC XX.	0786ET
022500	09 TAPE-DOE-YY PIC XX.	0786ET
022600	09 TAPE-DOE-MM PIC XX.	0786ET
022700	09 TAPE-DOE-DD PIC XX.	0786ET
022800	07 TAPE-CNTY-RESID PIC X(2).	0786ET
022900	07 F PIC X(55).	0786ET
023000	07 TAPE-COST-CNTR PIC XX.	
023100	07 FILLER PIC XXX.	
023200	07 TAPE-SEQ-NO PIC XX.	
023300	05 INACT-PART REDEFINES	
023400	COMM-PART.	
023500	07 FILLER PIC X(12).	
023600	07 TAPE-PERS-NO-I PIC XX.	
023700	07 FILLER PIC X(3).	0786ET
023800	07 TAPE-LNAME-I PIC X(12).	
023900	07 TAPE-FNAME-I PIC X(7).	
024000	07 TAPE-MIDIN-I PIC X.	
024100	07 FILLER PIC X(11).	0786ET
024200	07 TAPE-REAS-I PIC X(2).	0786ET
024300	07 FILLER PIC X(271).	0786ET
024400	07 TAPE-FIELD-OFFICE PIC X(2).	0786ET
024500	07 F PIC X(3).	0786ET
024600	07 TAPE-TRANS-SEQUENCE-NUM PIC X(2).	0786ET

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME**      MEDICAID - SIS Weekly Update  
**PURPOSE**            To match all DYFS clients to MEDICAID Eligibility File and build/update SIS regarding clients' Medicaid status and SSN information.

**EXISTING OR NEW**                      Existing  
**INCOMING / OUTGOING**                Incoming  
**FREQUENCY**                      Weekly  
**BATCH/ON-LINE/OTHER** Batch    (tape)

### DYFS SYSTEM

**PLATFORM**                              Bull  
**SOURCE (SIS PCIS etc)**              SIS  
**FILE NAME**                              DX1PW / SI530

### INTERFACE PARTNER

**AGENCY**                                  DMAS  
**SYSTEM NAME**                          MEDICAID Eligibility  
**PLATFORM**                                  IBM

**METHOD OF TRANSFER**              Tape

### COMMENTS

Currently, DYFS receives an extract file from Medicaid to build/update SIS. The extract file contains 2 millions records with 50 items and record length is 265.  
For SACWIS, DYFS would like to use 'MEDICAID ELIGIBILITY DATA BASE' which contains more complete information. The following information is related to the new file.

**NUMBER OF DATA ELEMENTS**              97  
**APPROX. LENGTH OF RECORD** 170 (max)  
**APPROX. NUMBER OF RECORDS**            10,000,000  
**DATA ELEMENTS**

01 ADDRESS-SEGMENT-LAYOUT.  
  05 QSAD-PREFIX.  
    07 QSAD-PREFIX-CASENO                  PIC 9(10).  
    07 QSAD-PREFIX-PERSNO                  PIC 9(02).  
    07 QSAD-PREFIX-RECTYP                  PIC 9(02).  
  05 QSAD-AD-SEG-AREA.  
    07 QSAD-AD-PERS-NUM                    PIC X(2).  
    07 QSAD-AD-ADDR.  
      09 QSAD-AD-ADDR-1                    PIC X(22).  
      09 QSAD-AD-ADDR-2                    PIC X(22).

09	QSAD-AD-ADDR-3	PIC X(22).
09	QSAD-AD-ADDR-4	PIC X(22).
09	QSAD-AD-ADDR-5	PIC X(22).
09	QSAD-AD-ADDR-6	PIC X(22).
07	QSAD-AD-ZIP-CDE	PIC X(5).
07	QSAD-AD-ZIP-SUFFIX	PIC X(4).
07	QSAD-AD-LAST-CHNG-DTE.	
09	QSAD-AD-LAST-CHNG-YR	PIC 9(4).
09	QSAD-AD-LAST-CHNG-MO	PIC 9(2).
09	QSAD-AD-LAST-CHNG-DAY	PIC 9(2).
07	QSAD-AD-SOURCE-LAST-CHNG	PIC X(4).
05	FILLER	PIC X.

01 CASE-SEGMENT-LAYOUT.

05	QSCS-PREFIX.	
07	QSCS-PREFIX-CASENO	PIC 9(10).
07	QSCS-PREFIX-PERSNO	PIC 9(2).
07	QSCS-PREFIX-RECTYP	PIC 9(2).
05	QSCS-CS-SEG-AREA.	
07	QSCS-CS-CASE-NUM.	
09	QSCS-CS-CNTY	PIC 9(2).
09	QSCS-CS-PGM	PIC 9(2).
09	QSCS-CS-SEQ-NUM	PIC 9(6).
07	QSCS-CS-MCD-OFFICE	PIC X(4).
07	QSCS-CS-RX-WARNING-CDE	PIC X.
07	QSCS-CS-LAST-CHNG-DTE.	
09	QSCS-CS-LAST-CHNG-YR	PIC 9(4).
09	QSCS-CS-LAST-CHNG-MO	PIC 9(2).
09	QSCS-CS-LAST-CHNG-DAY	PIC 9(2).
07	QSCS-CS-SOURCE-LAST-CHNG	PIC X(4).
05	FILLER	PIC X(129).

ELIG-SEGMENT-LAYOUT.

05 QSEL-PREFIX.  
07 QSEL-PREFIX-CASENO PIC 9(10).  
07 QSEL-PREFIX-PERSNO PIC 9(02).  
07 QSEL-PREFIX-RECTYP PIC 9(02).  
05 QSEL-EL-SEG-AREA.  
07 QSEL-EL-COMPL-EFF-DTE PIC S9(9) COMP-3.  
07 QSEL-EL-RECIP-EFF-DTE.  
09 QSEL-EL-RECIP-EFF-YR PIC 9(4).  
09 QSEL-EL-RECIP-EFF-MO PIC 9(2).  
09 QSEL-EL-RECIP-EFF-DAY PIC 9(2).  
07 QSEL-EL-RECIP-TERM-DTE.  
09 QSEL-EL-RECIP-TERM-YR PIC 9(4).  
09 QSEL-EL-RECIP-TERM-MO PIC 9(2).  
09 QSEL-EL-RECIP-TERM-DAY PIC 9(2).  
07 QSEL-EL-RECIP-APPLIC-DTE.  
09 QSEL-EL-RECIP-APPLIC-YR PIC 9(4).  
09 QSEL-EL-RECIP-APPLIC-MO PIC 9(2).  
09 QSEL-EL-RECIP-APPLIC-DAY PIC 9(2).  
07 QSEL-EL-TYPE PIC X.  
07 QSEL-EL-RECIP-ADDTN-CDE PIC X(2).  
07 QSEL-EL-RECIP-TERM-CDE PIC X(2).  
07 QSEL-EL-PGM-STAT-CDE PIC X(3).  
07 QSEL-EL-CASH-NO-CASH-CDE PIC X.  
07 QSEL-EL-CNTY-RESID PIC X(2).  
07 QSEL-EL-CNTY-SUPVN PIC X(3).  
07 QSEL-EL-PREG-DUE-DTE.  
09 QSEL-EL-PREG-DUE-YR PIC 9(4).  
09 QSEL-EL-PREG-DUE-MO PIC 9(2).  
09 QSEL-EL-PREG-DUE-DAY PIC 9(2).  
07 QSEL-EL-EXT-TERM-DTE.  
09 QSEL-EL-EXT-TERM-YR PIC 9(4).  
09 QSEL-EL-EXT-TERM-MO PIC 9(2).  
09 QSEL-EL-EXT-TERM-DAY PIC 9(2).  
07 QSEL-EL-EXT-TYPE-CDE PIC X.  
07 QSEL-EL-LAST-CHNG-DTE.  
09 QSEL-EL-LAST-CHNG-YR PIC 9(4).  
09 QSEL-EL-LAST-CHNG-MO PIC 9(2).  
09 QSEL-EL-LAST-CHNG-DAY PIC 9(2).  
07 QSEL-EL-SOURCE-LAST-CHNG PIC X(4).  
05 FILLER PIC X(84).

LOCKIN-SEGMENT-LAYOUT.

05 QSLS-PREFIX.  
07 QSLS-PREFIX-CASENO PIC 9(10).  
07 QSLS-PREFIX-PERSNO PIC 9(02).  
07 QSLS-PREFIX-RECTYP PIC 9(02).  
05 QSLS-LS-SEG-AREA.  
07 QSLS-LS-KEY.  
09 QSLS-LS-TYPE PIC X(2).  
09 QSLS-LS-COMPL-EFF-DTE PIC S9(9) COMP-3.

07 QSL-LS-EFF-DTE.  
     09 QSL-LS-EFF-YR                   PIC 9(4).  
     09 QSL-LS-EFF-MO                  PIC 9(2).  
     09 QSL-LS-EFF-DAY                 PIC 9(2).  
 07 QSL-LS-TERM-DTE.  
     09 QSL-LS-TERM-YR                 PIC 9(4).  
     09 QSL-LS-TERM-MO                 PIC 9(2).  
     09 QSL-LS-TERM-DAY                PIC 9(2).  
 07 QSL-LS-PROV-NUM                    PIC X(9).  
 07 QSL-LS-LAST-CHNG-DTE.  
     09 QSL-LS-LAST-CHNG-YR            PIC 9(4).  
     09 QSL-LS-LAST-CHNG-MO            PIC 9(2).  
     09 QSL-LS-LAST-CHNG-DAY           PIC 9(2).  
 07 QSL-LS-SOURCE-LAST-CHNG          PIC X(4).  
 05 FILLER                               PIC X(112).

MHC-SEGMENT-LAYOUT.

05 QSMC-PREFIX.  
     07 QSMC-PREFIX-CASENO             PIC 9(10).  
     07 QSMC-PREFIX-PERSNO             PIC 9(02).  
     07 QSMC-PREFIX-RECTYP             PIC 9(02).  
 05 QSMC-MC-SEG-AREA.  
     07 QSMC-MC-COMPL-EFF-DTE           PIC S9(9) COMP-3.  
     07 QSMC-MC-PLAN-CODE               PIC X(3).  
     07 QSMC-MC-EFF-DTE.  
         09 QSMC-MC-EFF-YR               PIC X(4).  
         09 QSMC-MC-EFF-MO               PIC X(2).  
         09 QSMC-MC-EFF-DAY               PIC X(2).  
     07 QSMC-MC-TERM-DTE.  
         09 QSMC-MC-TERM-YR               PIC X(4).  
         09 QSMC-MC-TERM-MO               PIC X(2).  
         09 QSMC-MC-TERM-DAY               PIC X(2).  
     07 QSMC-MC-PHY-CASE-MNGER-NUM     PIC X(7).  
     07 QSMC-MC-BILLING-PROV-ID         PIC X(7).  
     07 QSMC-MC-GUAR-CODE               PIC X(1).  
     07 QSMC-MC-PCM-CAP-CODE            PIC X(5).  
     07 QSMC-MC-HMO-CAP-CODE            PIC X(5).  
     07 QSMC-MC-BENEFIT-IND             PIC X(5).  
     07 QSMC-MC-ENROLL-TYPE             PIC X(1).  
     07 QSMC-MC-ENROLL-SRCE             PIC X(4).  
     07 QSMC-MC-ENROLL-REASON           PIC X(2).  
     07 QSMC-MC-DISENROLL-SRCE          PIC X(4).  
     07 QSMC-MC-DISENROLL-REASON        PIC X(2).  
     07 QSMC-MC-LAST-CHNG-DTE.  
         09 QSMC-MC-LAST-CHNG-YR           PIC X(4).  
         09 QSMC-MC-LAST-CHNG-MO           PIC X(2).  
         09 QSMC-MC-LAST-CHNG-DAY           PIC X(2).  
     07 QSMC-MC-SOURCE-LAST-CHNG       PIC X(4).  
     07 FILLER                            PIC X(21).  
 05 FILLER                               PIC X(56).

01 RECIPIENT-SEGMENT-LAYOUT.

05 QSRC-PREFIX.  
     07 QSRC-PREFIX-CASENO             PIC 9(10).  
     07 QSRC-PREFIX-PERSNO             PIC 9(02).  
     07 QSRC-PREFIX-RECTYP             PIC 9(02).  
 05 QSRC-RC-SEG-AREA.  
     07 QSRC-RC-PERS-NUM                PIC 9(2).  
     07 QSRC-RC-NAME.

09 QSRC-RC-LAST-NAME PIC X(12).  
 09 QSRC-RC-FRST-NAME PIC X(7).  
 09 QSRC-RC-MI PIC X.  
 07 QSRC-RC-BRTH-DTE.  
 09 QSRC-RC-BRTH-YR PIC 9(4).  
 09 QSRC-RC-BRTH-MO PIC 9(2).  
 09 QSRC-RC-BRTH-DAY PIC 9(2).  
 07 QSRC-RC-SSN PIC X(9).  
 07 QSRC-RC-SEX PIC X.  
 07 QSRC-RC-MAR-STAT-CDE PIC X.  
 07 QSRC-RC-RACE PIC X.  
 07 QSRC-RC-BUY-IN-STAT-CDE PIC X.  
 07 QSRC-RC-BUY-IN-EFF-DTE.  
 09 QSRC-RC-BUY-IN-EFF-YR PIC 9(4).  
 09 QSRC-RC-BUY-IN-EFF-MO PIC 9(2).  
 09 QSRC-RC-BUY-IN-EFF-DAY PIC 9(2).  
 07 QSRC-RC-ORIG-EFF-DTE.  
 09 QSRC-RC-ORIG-EFF-YR PIC 9(4).  
 09 QSRC-RC-ORIG-EFF-MO PIC 9(2).  
 09 QSRC-RC-ORIG-EFF-DAY PIC 9(2).  
 07 QSRC-RC-PR-CASE-NUM PIC 9(10).  
 07 QSRC-RC-PR-PERS-NUM PIC 9(2).  
 07 QSRC-RC-TPL-IND PIC X.  
 07 QSRC-RC-LOCKIN-IND PIC X.  
 07 QSRC-RC-SPCL-PGM-IND PIC X.  
 07 QSRC-RC-MHC-IND PIC X.  
 07 QSRC-RC-LTC-CDE PIC X(2).  
 07 QSRC-RC-IMMIGRANT-TYPE PIC X(2).  
 07 QSRC-RC-DATE-OF-ENTRY PIC X(8).  
 07 FILLER PIC X(10).  
 07 QSRC-RC-LAST-CHNG-DTE.  
 09 QSRC-RC-LAST-CHNG-YR PIC 9(4).  
 09 QSRC-RC-LAST-CHNG-MO PIC 9(2).  
 09 QSRC-RC-LAST-CHNG-DAY PIC 9(2).  
 07 QSRC-RC-SOURCE-LAST-CHNG PIC X(4).  
 07 QSRC-RC-RECIP-LAST-CHNG-DTE.  
 09 QSRC-RC-RECIP-LAST-CHNG-YR PIC 9(4).  
 09 QSRC-RC-RECIP-LAST-CHNG-MO PIC 9(2).  
 09 QSRC-RC-RECIP-LAST-CHNG-DAY PIC 9(2).  
 07 QSRC-RC-RECIP-SOURCE-LAST-CHNG PIC X(4).  
 05 FILLER PIC X(35).  
 01 RDET-SEGMENT-LAYOUT.  
 05 QSRD-PREFIX.  
 07 QSRD-PREFIX-CASENO PIC 9(10).  
 07 QSRD-PREFIX-PERSNO PIC 9(02).  
 07 QSRD-PREFIX-RECTYP PIC 9(02).  
 05 QSRD-RD-SEG-AREA.  
 07 QSRD-RD-PRG-STAT PIC X(3).  
 07 QSRD-RD-REDTERM-DTE.  
 09 QSRD-RD-REDTERM-MO PIC 9(2).  
 09 QSRD-RD-REDTERM-YR PIC 9(4).  
 07 QSRD-RD-DS-REDTERM-DTE.  
 09 QSRD-RD-DS-REDTERM-MO PIC 9(2).  
 09 QSRD-RD-DS-REDTERM-YR PIC 9(4).  
 07 QSRD-RD-SUPV PIC X(2).  
 07 QSRD-RD-WORKER PIC X(2).  
 07 QSRD-RD-LAST-CHNG-DTE.  
 09 QSRD-RD-LAST-CHNG-YR PIC 9(4).

09 QSRD-RD-LAST-CHNG-MO PIC 9(2).  
 09 QSRD-RD-LAST-CHNG-DAY PIC 9(2).  
 07 QSRD-RD-SOURCE-LAST-CHNG PIC X(4).  
 05 FILLER PIC X(121).

01 SPEC-PROG-SEGMENT-LAYOUT.

05 QSSP-PREFIX.  
 07 QSSP-PREFIX-CASENO PIC 9(10).  
 07 QSSP-PREFIX-PERSNO PIC 9(02).  
 07 QSSP-PREFIX-RECTYP PIC 9(02).  
 05 QSSP-SP-SEG-AREA.  
 07 QSSP-SP-KEY.  
 09 QSSP-SP-COMPL-EFF-DTE PIC S9(9) COMP-3.  
 09 QSSP-SP-NUM PIC X(2).  
 07 QSSP-SP-EFF-DTE.  
 09 QSSP-SP-EFF-YR PIC 9(4).  
 09 QSSP-SP-EFF-MO PIC 9(2).  
 09 QSSP-SP-EFF-DAY PIC 9(2).  
 07 QSSP-SP-TERM-DTE.  
 09 QSSP-SP-TERM-YR PIC 9(4).  
 09 QSSP-SP-TERM-MO PIC 9(2).  
 09 QSSP-SP-TERM-DAY PIC 9(2).  
 07 QSSP-SP-LAST-CHNG-DTE.  
 09 QSSP-SP-LAST-CHNG-YR PIC 9(4).  
 09 QSSP-SP-LAST-CHNG-MO PIC 9(2).  
 09 QSSP-SP-LAST-CHNG-DAY PIC 9(2).  
 07 QSSP-SP-SOURCE-LAST-CHNG PIC X(4).  
 05 FILLER PIC X(121).

TPL-SEGMENT-LAYOUT.

05 QSTP-PREFIX.  
 07 QSTP-PREFIX-CASENO PIC 9(10).  
 07 QSTP-PREFIX-PERSNO PIC 9(02).  
 07 QSTP-PREFIX-RECTYP PIC 9(02).  
 05 QSTP-TP-SEG-AREA.  
 07 QSTP-TP-KEY.  
 09 QSTP-TP-COMPL-EFF-DTE PIC S9(9) COMP-3.  
 09 QSTP-TP-OTHR-INSUR-CO-CDE PIC X(3).  
 09 QSTP-TP-OTHR-INSUR-POL-NUM PIC X(12).  
 09 QSTP-TP-COVRG-TYPE-CDE PIC X(2).  
 07 QSTP-TP-POLICY-HOLDER PIC X(1).  
 07 QSTP-TP-EFF-DTE.  
 09 QSTP-TP-EFF-YR PIC 9(4).  
 09 QSTP-TP-EFF-MO PIC 9(2).  
 09 QSTP-TP-EFF-DAY PIC 9(2).  
 07 QSTP-TP-TERM-DTE.  
 09 QSTP-TP-TERM-YR PIC 9(4).  
 09 QSTP-TP-TERM-MO PIC 9(2).  
 09 QSTP-TP-TERM-DAY PIC 9(2).  
 07 QSTP-TP-LAST-CHNG-DTE.  
 09 QSTP-TP-LAST-CHNG-YR PIC 9(4).  
 09 QSTP-TP-LAST-CHNG-MO PIC 9(2).  
 09 QSTP-TP-LAST-CHNG-DAY PIC 9(2).  
 07 QSTP-TP-SOURCE-LAST-CHNG PIC X(4).  
 05 FILLER PIC X(105).



## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** SIS MEDICAID Mailing Address Update  
**PURPOSE** Provide mailing addresses for DYFS clients receiving Medicaid Cards.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** Monthly  
**BATCH/ON-LINE/OTHER** Batch (tape)

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** SIS & PCIS  
**FILE NAME** DSN=PSI013M1

### INTERFACE PARTNER

**AGENCY** DMAS  
**SYSTEM NAME** MEDICAID  
**PLATFORM** IBM

**METHOD OF TRANSFER** Copy PSI013B1 to DYFSA/MEDSTUB  
Send MEDSTUB TO HUBA

### COMMENTS

**NUMBER OF DATA ELEMENTS** 16  
**APPROX. LENGTH OF RECORD** 222  
**APPROX. NUMBER OF RECORDS** 16,900

### DATA ELEMENTS

Case Number, SSN, DOB, Last Name, First name, Middle Initial, Mail Name, Address 1, Address 2, Address 3, Address 4, Mail-zip, C-Chg, Case, DO, LA.

000001  
000002\* \*  
000003\* JOBSTREAM: DX0005PW \*  
000004\* PROGRAM : SI013 \*  
000005\* FILE NAME: TAPE PSI013B1 \*  
000006\* \*  
000007\* NOTES: WEEKLY NAME BUT RUNS MONTHLY \*  
000008\* \*

000009\*\*\*\*\*

008900 FD MED114

009000 CODE-SET IS EBCDIC

009100 BLOCK CONTAINS 10 RECORDS

009200 RECORD CONTAINS 222 CHARACTERS 1573ET

009300 VALUE OF FILE-ID "JRGB.YF.MEDVAL"

009400 LABEL RECORDS ARE STANDARD.

009500 01 MED114-REC.

009600 02 MED4-CASE-NUM PIC X(12).

009700 02 MED4-SSN.

009800 03 M4-SSN-3 PIC XXX.

009900 03 M4-SSN-6 PIC X(6).

010000 02 MED4-DOB PIC X(8). 1573ET

010100 02 MED4-DOB-R REDEFINES MED4-DOB.

010200 05 MED4-DOB-MM PIC 99.

010300 05 MED4-DOB-DD PIC 99.

010310 05 MED4-DOB-CY PIC 99. 1573ET

010400 05 MED4-DOB-YY PIC 99.

010500 02 MED4-LNAME PIC X(19).

010600 02 MED4-FNAME PIC X(10).

010700 02 MED4-INIT PIC X.

010800 02 MED4-MAIL-NAME PIC X(22).

010900 02 MED4-ADDR1 PIC X(22).

011000 02 MED4-ADDR2 PIC X(22).

011100 02 MED4-ADDR3 PIC X(22).

011200 02 MED4-ADDR4 PIC X(22).

011300 02 FILLER4-2 PIC X(22).

011400 02 MED4-MAIL-ZIP PIC X(5).

011500 02 FILLER4-3 PIC XX.

011600 02 MED4-C-CHRG PIC XX.

011700 02 MED4-CASE PIC X(8).

011800 02 FILLER4-4 PIC XX.

011900 02 MED4-DO PIC X(4).

012000 02 MED4-LA PIC XX.

012100 02 FILLER4-5.

012200 05 POS1-2 PIC XX.

012300 05 POS3-5 PIC XXX.

012400 05 FILLER PIC X.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME**      MEDI/MEDA  
**PURPOSE**            Provide Medicaid information for individual clients or  
entire cases.

**EXISTING OR NEW**                      Existing  
**INCOMING / OUTGOING**                Incoming  
**FREQUENCY**                      Weekly  
**BATCH/ON-LINE/OTHER** Batch    (tape)

### DYFS SYSTEM

**PLATFORM**                              Bull  
**SOURCE (SIS PCIS etc)**                MEDI  
**FILE NAME**                              DX3PW

### INTERFACE PARTNER

**AGENCY**                                  DMAS  
**SYSTEM NAME**                              MEDICAID  
**PLATFORM**                                  IBM

**METHOD OF TRANSFER**                Tape

### COMMENTS

Currently, DYFS receives an extract file from Medicaid to build/update SIS. The extract file contains 2 millions records with 50 items and record length is 265.

For SACWIS, DYFS would like to use 'MEDICAID ELIGIBILITY DATA BASE' which contains more complete information. The following information is related to the new file.

**NUMBER OF DATA ELEMENTS**                97  
**APPROX. LENGTH OF RECORD** 170 (max)  
**APPROX. NUMBER OF RECORDS**            10,000,000  
**DATA ELEMENTS**

Please refer to the same file description as the SIS - MEDICAID Daily Update.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** Medicaid ABC Waiver

**PURPOSE** DYFS submits a file to Medicaid to claim for eligible expenses incurred on behalf of Medically Fragile children.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** Monthly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** SIS  
**FILE NAME** Variable

### INTERFACE PARTNER

**AGENCY** Medicaid  
**SYSTEM NAME** Medicaid  
**PLATFORM** UNISYS

**METHOD OF TRANSFER** ProComm Z-Modem file transfer protocol

### COMMENTS

Currently, only case management and placement expenses are submitted electronically. Other eligible expenses such as homemaker, nursing, transportation, etc are submit through manual bills. SACWIC should automate the paper billing as well.

**NUMBER OF DATA ELEMENTS** See below  
**APPROX. LENGTH OF RECORD** Variable  
**APPROX. NUMBER OF RECORDS** 300 per month

### DATA ELEMENTS

There are 7 record types for each transfer file: Batch Header, Provider Header, Multiple Detail Header, Multiple Detail Line , Multiple Detail Total, Total, Grand Total.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** Medicaid Psychological Services Billing

**PURPOSE** DYFS submits a file to Medicaid for psychological services provided by eligible psychologists to DYFS clients for reimbursement.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** Quarterly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** Claim For Payment System CFPS  
**FILE NAME** Variable

### INTERFACE PARTNER

**AGENCY** Medicaid  
**SYSTEM NAME** Medicaid  
**PLATFORM** UNISYS

**METHOD OF TRANSFER** ProComm Z-Modem file transfer protocol

### COMMENTS

Manual bills can be printed and submitted to Unisys for payment.

**NUMBER OF DATA ELEMENTS** See below  
**APPROX. LENGTH OF RECORD** See below  
**APPROX. NUMBER OF RECORDS** 2,000 per quarter

### DATA ELEMENTS

There are 7 record types for each transfer file: Batch Header, Provider Header, Multiple Detail Header, Multiple Detail Line , Multiple Detail Total, Total, Grand Total.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** Medicaid Sexual Abuse Services Billing

**PURPOSE** DYFS submits a file to Medicaid for sexual abuse examination services provided by eligible doctors for reimbursement.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** Quarterly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** Claim For Payment System CFPS  
**FILE NAME** Variable

### INTERFACE PARTNER

**AGENCY** Medicaid  
**SYSTEM NAME** Medicaid  
**PLATFORM** UNISYS

**METHOD OF TRANSFER** ProComm Z-Modem file transfer protocol

### COMMENTS

Manual bills can be printed and submitted to Unisys for payment.

**NUMBER OF DATA ELEMENTS** See below  
**APPROX. LENGTH OF RECORD** See below  
**APPROX. NUMBER OF RECORDS** 50 per quarter

### DATA ELEMENTS

There are 7 record types for each transfer file: Batch Header, Provider Header, Multiple Detail Header, Multiple Detail Line , Multiple Detail Total, Total, Grand Total.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** DYFS-AOC

**PURPOSE** To provide NJ County Court with DYFS client information for children who are involved in active family court cases to ensure the safety of a child, facilitate case planning such as scheduling of events, placement of a child.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** Daily  
**BATCH/ON-LINE/OTHER** Batch/On-line

### DYFS SYSTEM

**PLATFORM** To be determined  
**SOURCE (SIS PCIS etc)** To be determined  
**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** Administrative Office of Court  
**SYSTEM NAME** FACTS, Promis/Gavel  
**PLATFORM** IBM

**METHOD OF TRANSFER** To be determined

### COMMENTS

Currently, some AOC staff has been given access to SIS which enable them to view all DYFS client information. The new interface should provide only authorized information on clients referred to AOC.

It is also important to include the user id in the screen- print. (This function is not available in SIS)

**NUMBER OF DATA ELEMENTS** To be determined

**APPROX. LENGTH OF RECORD** To be determined

**APPROX. NUMBER OF RECORDS** To be determined

### DATA ELEMENTS

\*Identification information of parents, family members, relatives and caretakers such as name, address, DOB, SSN, date of placement, placement history, document history.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** AOC-DYFS

**PURPOSE** To allow DYFS staff to have limited access to the NJ Supreme Court information systems regarding DYFS clients and individuals applying to DYFS to be foster parents or adoptive parents.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Daily  
**BATCH/ON-LINE/OTHER** On line

### DYFS SYSTEM

**PLATFORM** To be determined  
**SOURCE (SIS PCIS etc)** DYFS SACWIS  
**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** Administrative Office of Court  
**SYSTEM NAME** FACTS, PROMIS/GRAVEL  
**PLATFORM** IBM

**METHOD OF TRANSFER** To be determined

### COMMENTS

Currently, some 100 DYFS staff has been trained to access AOC systems.  
In the future, DYFS would like to have greater access- more staff and more information.

**NUMBER OF DATA ELEMENTS** To be determined  
**APPROX. LENGTH OF RECORD** To be determined  
**APPROX. NUMBER OF RECORDS** To be determined

### DATA ELEMENTS

\*Identifying information, Relief sought history, Schedule of court hearings and reviews, Parties noticed by the court, Attorney list, Family Court, document/court order history, CPR board recommendations, Disposition records, Arrest history, Incarcerations, convictions



## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** Day Care Referrals

**PURPOSE** To provide information to County Unified Child Agencies (UCCA), who are contracted by DFD to administer Voucher day care and Contracted day care services for each county, when DYFS children need to initiated, change, terminate, or extend day care services

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** To be determined  
**BATCH/ON-LINE/OTHER** To be determined

**DYFS SYSTEM** See Comments

**PLATFORM** SACWIS  
**SOURCE (SIS PCIS etc)** To be determined  
**FILE NAME** To be determined

**INTERFACE PARTNER** To be determined

**AGENCY** DFD  
**SYSTEM NAME** CARES and CTRX  
**PLATFORM** ORACLE

**METHOD OF TRANSFER** To be determined

### COMMENTS

Currently, all day care services referrals and process are done through paper that causes discrepancies in service and payment initiation and termination. The new interface will save a great deal of worker's time and eliminate discrepancies.

**NUMBER OF DATA ELEMENTS** 130 for the Eligibility module.  
Others to be determined

**APPROX. LENGTH OF RECORD** To be determined

**APPROX. NUMBER OF RECORDS** 2000 active records

**DATA ELEMENTS** To be determined

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** Day Care Referrals

**PURPOSE** To provide day care service and payment information provided to DYFS clients by the County Unified Child Agencies (UCCA), who are contracted by DFD to administer Voucher day care and Contracted day care services for each county.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** To be determined  
**BATCH/ON-LINE/OTHER** To be determined

**DYFS SYSTEM** See Comments

**PLATFORM** SACWIS  
**SOURCE (SIS PCIS etc)** To be determined  
**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** DFD  
**SYSTEM NAME** CARES and CTRX  
**PLATFORM** ORACLE

**METHOD OF TRANSFER** To be determined

### COMMENTS

Currently, a few authorized staff in DYFS can log on to CARES and execute cane reports. Links to CTRX have not been established.

**NUMBER OF DATA ELEMENTS** 130 for the Eligibility module.  
Others to be determined

**APPROX. LENGTH OF RECORD** To be determined

**APPROX. NUMBER OF RECORDS** 2000 active records

**DATA ELEMENTS** To be determined

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** Department of Human Services (DHS) Contract System

**PURPOSE** To provide DYFS contract information.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** To be determined  
**BATCH/ON-LINE/OTHER** To be determined

### DYFS SYSTEM

**PLATFORM** To be determined  
**SOURCE (SIS PCIS etc)** SACWIS  
**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** To be determined  
**SYSTEM NAME** To be determined  
**PLATFORM** To be determined

**METHOD OF TRANSFER** To be determined

### COMMENTS

DYFS uses CAS system to manage contract information. It is a stand-alone application written in VB6. DHS had made several attempts to set up a contract system for all divisions. So far, there is none.

**NUMBER OF DATA ELEMENTS** 100  
**APPROX. LENGTH OF RECORD** To be determined  
**APPROX. NUMBER OF RECORDS** 17,146

**DATA ELEMENTS** To be determined

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** One EASE e-link Statewide Resource Directory

**PURPOSE** To provide DYFS with resource information from One EASE e-link.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Monthly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Web Base  
**SOURCE (SIS PCIS etc)** SACWIS  
**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** DHS  
**SYSTEM NAME** One EASE e-link  
**PLATFORM** IBMSP Oracle

**METHOD OF TRANSFER** To be determined

### COMMENTS

**NUMBER OF DATA ELEMENTS** 30-40  
**APPROX. LENGTH OF RECORD** 400  
**APPROX. NUMBER OF RECORDS** 1,000

**DATA ELEMENTS** To be determined.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** CPAS Client Payment Accounting System - Checkwrite (send) File

**PURPOSE** The CPAS Certification file is the collection of all calculated payments for out of home placement board and clothing allowances which have been electronically authorized by caseworkers for the current month. The file is transferred to Treasury for off-line check write processing.

**EXISTING OR NEW** Existing

**INCOMING / OUTGOING** Outgoing

**FREQUENCY** Monthly - 3<sup>rd</sup> work day of month

**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull

**SOURCE (SIS PCIS etc)** SIS, PCIS, ECSI/Vend (Residential Rate Table),  
ECSI/Recoupin (Recoupment Table)

**FILE NAME** DX0314PM (HSYS396P.FOSTCARE.BULLSYSA.DTL)

### INTERFACE PARTNER

**AGENCY** NJ Dept of Treasury, OMB

**SYSTEM NAME** OMB Miscellaneous Checks, "B" series

**PLATFORM** IBM

**METHOD OF TRANSFER** Bull - OIT Network electronic file transfer to IBM

**COMMENTS** EACH RECORD REPRESENTS A SINGLE CHECK CONTAINING UP TO 8  
DETAIL LINE ITEMS.

**NUMBER OF DATA ELEMENTS** See below

**APPROX. LENGTH OF RECORD** 1218

**APPROX. NUMBER OF RECORDS** ~ 7,000 / month

**DATA ELEMENTS** see ECSI/PING/TREACPAS listed on next page

009600\*

009700 SELECT TREAS-CPAS-FILE ASSIGN TO F1

009800 ORGANIZATION IS UFF SEQUENTIAL BSN.

009900\*

015100\*

015200 FD TREAS-CPAS-FILE

015300 BLOCK CONTAINS 16128 CHARACTERS

015400 LABEL RECORDS ARE STANDARD.

015500 01 TREAS-REC PIC X(1218).

1140ET

015600\*

049000 01 HOLD-TREAS-REC.

049100 02 HT-KEY-FIELD-CK.

049200	04 HT-ZIP-KEY	PIC X(5).	
049300	04 HT-PVDR-KEY	PIC X(11).	
049400	02 HT-CHECK-PORTION.		
049500	04 HT-FIS-CCYY	PIC X(04).	1140ET
049600	04 HT-TREAS-ACCT-NO.		
049700	06 HT-ORG	PIC X(4).	
049800	06 HT-FND	PIC XXX.	
049900	06 HT-PRGM	PIC X(6).	
050000	06 HT-OBJ	PIC XX.	
050100	06 HT-CST-CNT	PIC XXX.	
050200	06 HT-PGM-ACT	PIC XXX.	
050300	06 HT-CONT-NO	PIC X(6).	
050400	04 HT-DOC-NO	PIC X(8).	
050500	04 HT-CHECK-NO	PIC X(9).	
050600	04 HT-DOC-CYMD	PIC X(8).	1140ET
050700	04 HT-CHECK-CYMD	PIC X(8).	1140ET
050800	04 HT-CK-AMT	PIC S9(6)V99.	
050900	04 HT-PVDR-NMBR.		
051000	06 HT-PVDR-NO	PIC X(9).	
051100	06 HT-LOC-NO	PIC XX.	
051200	04 HT-PVDR-NAME	PIC X(26).	
051300	04 HT-PVDR-ADDRESS.		
051400	06 HT-ST-ADD1	PIC X(25).	
051500	06 HT-ST-ADD2	PIC X(25).	
051600	06 HT-CITY	PIC X(20).	
051700	06 HT-STATE	PIC XX.	
051800	06 HT-ZIP	PIC X(5).	
051900	06 FILLER	PIC X(4).	
052000	04 FILLER	PIC X(20).	
052100	02 STUB-AREA-PORTION.		
052200	04 STUB-DETAIL OCCURS 8 TIMES INDEXED BY CHILD-INX.		
052300	05 HT-STUB-DET.		
052400	06 HT-CLIENT-NAME	PIC X(25).	
052500	06 HT-CASE-NUMBR.		
052600	08 HT-CASE-KC	PIC XX.	
052700	08 HT-CASE-NMBR	PIC X(6).	
052800	06 HT-CFP-CASE REDEFINES HT-CASE-NUMBR.		
052900	08 HT-CNTY-LTR	PIC X.	
053000	08 HT-CASE-NO	PIC X(6).	
053100	08 HT-MBR-LTR	PIC X.	
053200	06 HT-CASE-MBR	PIC XX.	
053300	06 HT-PMT-REF-NO.		
053400	10 HT-REF-MON	PIC XX.	
053500	10 HT-REF-SEQ	PIC X(4).	
053600	06 HT-CERT-LINE-NO	PIC XXXX.	
053700	06 HT-C-CSUPV	PIC XXXX.	
053800	06 HT-DO-NAME	PIC X(17).	
053900	06 HT-SRV-PMT-DESC	PIC X(12).	
054000	06 HT-SRV-FRM-CYMD	PIC X(8).	1140ET
054100	06 HT-SRV-TO-CYMD	PIC X(8).	1140ET
054200	06 HT-UNIT-TYP	PIC X.	
054300	06 HT-UNITS	PIC S999.	
054400	06 HT-RATE	PIC S9(5)V99.	
054500	06 HT-AMOUNT	PIC S9(6)V99.	
054600	06 FILLER	PIC X(11).	

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** CPAS Client Payment Accounting System - Reconciliation (return) File

**PURPOSE** The CPAS Reconciliation file is the collection of all payments and checks issued, including check numbers and issuance dates, for out of home placement board and clothing allowances as a result of the monthly checkwrite file and process. The file is transferred to DHS-DYFS from Treasury for payment and accounting reconciliation.

**EXISTING OR NEW** Existing

**INCOMING / OUTGOING** Incoming

**FREQUENCY** Monthly - after checks, check register, data file, and fiche are created

**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

<b>PLATFORM</b>	Bull
<b>SOURCE (SIS PCIS etc)</b>	File transferred from Treasury
<b>FILE NAME</b>	DX0316PM (TYMF028P.FOSTER.PARENT.RECONCIL(0))

### INTERFACE PARTNER

<b>AGENCY</b>	NJ Dept of Treasury
<b>SYSTEM NAME</b>	OMB Miscellaneous Checks, "B" series
<b>PLATFORM</b>	IBM

**METHOD OF TRANSFER** Bull - OIT Network electronic file transfer to IBM

**COMMENTS** FILE CONTAINS EXACTLY THE SAME RECORD COUNT AND DATA AS OUTBOUND FILE TO TREASURY WITH THE INSERTION OF CHECK NUMBERS AND ISSUANCE DATES. IN ADDITION TO THE CHECKS PRINTED AND THE RETURN DATA FILES, CHECK REGISTERS ON PAPER AND FICHE ARE PREPARED AND DISTRIBUTED TO DYFS. FILE IS USED TO CREATE MONTHLY PCP120M1 TAPE FILE FOR INCLUSION IN MONTHLY, QUARTERLY, AND ANNUAL EXPENDITURE PROCESSING.

<b>NUMBER OF DATA ELEMENTS</b>	See below
<b>APPROX. LENGTH OF RECORD</b>	1218
<b>APPROX. NUMBER OF RECORDS</b>	~ 7,000 / month

**DATA ELEMENTS** see ECSI/PING/T-BACK listed on next page

003700 SELECT TRES-FILE ASSIGN TO F1  
 003800 ORGANIZATION IS GFRC SEQUENTIAL SSF.  
 003900\*  
 006200 FD TRES-FILE  
 006300\*\* FILE ID IN JCL IS PROD5/DX0316PM/CP120F1  
 006400\*\*  
 006500 RECORD CONTAINS 1218 CHARACTERS 1140ET  
 006600 LABEL RECORDS ARE STANDARD  
 006700 DATA RECORD IS TRES-REC.  
 006800 01 TRES-REC.  
 006900 03 TRES-KEY PIC X(16).  
 007000 03 TRES-FIX-PORT.  
 007100 05 TRES-FISCAL-YEAR PIC X(04). 1140ET  
 007200 05 TRES-ACT-NO PIC X(27).  
 007300 05 TRES-DOC-NO PIC X(8).  
 007400 05 TRES-CHEC-NO PIC X(9).  
 007500 05 TRES-DOC-CYMD. 1140ET  
 007600 07 TRES-DOC-CC PIC XX. 1140ET  
 007700 07 TRES-DOC-YY PIC XX. 1140ET  
 007800 07 TRES-DOC-MM PIC XX. 1140ET  
 007900 07 TRES-DOC-DD PIC XX. 1140ET  
 008000 05 TRES-CHEC-CYMD. 1140ET  
 008100 07 TRES-CHC-CC PIC XX. 1140ET  
 008200 07 TRES-CHC-YY PIC XX. 1140ET  
 008300 07 TRES-CHC-MM PIC XX. 1140ET  
 008400 07 TRES-CHC-DD PIC XX. 1140ET  
 008500 05 TRES-CHEC-AMT PIC S9(6)V99.  
 008600 05 TRES-PVDR-NUMB.  
 008700 07 TRES-PVDR-NO PIC X(9).  
 008800 07 TRES-PVDR-LOC PIC XX.  
 008900 05 TRES-PVDR-NAME PIC X(26).  
 009000 05 TRES-PVDR-ADDR.  
 009100 07 TRES-PVDR-ADD1 PIC X(25).  
 009200 07 TRES-PVDR-ADD2 PIC X(25).  
 009300 07 TRES-PVDR-CITY PIC X(20).  
 009400 07 TRES-PVDR-ST PIC XX.  
 009500 07 TRES-PVDR-ZIP PIC X(5).  
 009600 05 FILLER PIC X(4).  
 009700 05 FILLER PIC X(20).  
 009800 03 TRES-CLIEN-PORT.  
 009900 05 TRES-KID-PORT OCCURS 8 TIMES  
 010000 INDEXED BY KID-IND.  
 010100 07 TRES-KID-NAME PIC X(25).  
 010200 07 TRES-CASE-NUMB.  
 010300 09 TRES-CASE-NO PIC X(8).  
 010400 09 TRES-CASE-MBR PIC XX.  
 010500 07 TRES-REF-NO.  
 010600 09 TRES-REF-MM PIC XX.  
 010700 09 TRES-REF-SEQ PIC X(4).  
 010800 07 TRES-CERT-NO PIC 9(4).  
 010900 07 TRES-CC PIC 9(4).  
 011000 07 TRES-DONAME PIC X(17).  
 011100 07 TRES-SERV-DESC PIC X(12).  
 011200 07 TRES-FROM-CYMD. 1140ET  
 011300 09 TRES-FROM-CC PIC XX. 1140ET  
 011400 09 TRES-FROM-YY PIC XX. 1140ET  
 011500 09 TRES-FROM-MM PIC XX. 1140ET  
 011600 09 TRES-FROM-DD PIC XX. 1140ET  
 011700 07 TRES-TO-CYMD. 1140ET  
 011800 09 TRES-TO-CC PIC XX. 1140ET  
 011900 09 TRES-TO-YY PIC XX. 1140ET  
 012000 09 TRES-TO-MM PIC XX. 1140ET  
 012100 09 TRES-TO-DD PIC XX. 1140ET  
 012200 07 TRES-UNIT.  
 012300 09 TRES-UNIT-TYPE PIC X.  
 012400 09 TRES-UNITS PIC S999.



012500	09 TRES-RATE	PIC S9(5)V99.
012600	09 TRES-AMT	PIC S9(6)V99.
012700	07 FILLER	PIC X(11).

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** CFPS Claim for Payment System - Checkwrite (send) File - Substitute Care Providers

**PURPOSE** The CFPS checkwrite file is the collection of all calculated payments for K-100 invoice services by Substitute Care Providers that have been electronically authorized by caseworkers. The file is transferred to Treasury for off-line check write processing.

<b>EXISTING OR NEW</b>	Existing
<b>INCOMING / OUTGOING</b>	Outgoing
<b>FREQUENCY</b>	Weekly - last work day of week, usually Friday
<b>BATCH/ON-LINE/OTHER</b>	Batch

### DYFS SYSTEM

<b>PLATFORM</b>	Bull
<b>SOURCE (SIS PCIS etc)</b>	SIS, PCIS, CFPS
<b>FILE NAME</b>	DX0123PM (HSYX396P.MANCHECKS.BULLSYSA.DTL)

### INTERFACE PARTNER

<b>AGENCY</b>	NJ Dept of Treasury
<b>SYSTEM NAME</b>	OMB Miscellaneous Checks, 'B' series
<b>PLATFORM</b>	IBM

**METHOD OF TRANSFER** Bull - OIT Network electronic file transfer to IBM

**COMMENTS** THIS KNOWN TO DYFS AS THE 'F' FILE, AS THE ORIGINAL SERIES OF CHECKS BY TREASURY WAS 'F' AND IS CREATED IN THE SAME JOB STREAM AS THE 'A' CHECKWRITE FILE THAT IS PROCESSED VIA NJCFS. ON THE 'F' FILE, EACH RECORD REPRESENTS 1 CHECK WITH UP TO 8 DETAIL LINE ITEMS EACH.

<b>NUMBER OF DATA ELEMENTS</b>	See below
<b>APPROX. LENGTH OF RECORD</b>	1,239
<b>APPROX. NUMBER OF RECORDS</b>	~ 150 check records (500 line items) / week

**DATA ELEMENTS** see ECSI/PING/F-FILE

004500\*  
004600 SELECT CP310F-FILE ASSIGN TO F2  
004700 ORGANIZATION IS GFRC SEQUENTIAL SSF.  
010900\*  
011000 FD CP310F-FILE  
011100 LABEL RECORDS ARE STANDARD.  
011200 01 CPF-REC.  
011300 03 CPF-CHECK-PORTION.

011400 05 FILLER PIC X(73).  
 011500 05 CPF-CK-AMT PIC S9(6)V99.  
 011600 05 FILLER PIC X(118).  
 011700 03 CPF-STUB-PORTION OCCURS 8 TIMES.  
 011800 05 CPF-STUB-DETAIL PIC X(130).  
 011900\*  
 027900 01 WFT-CPF-REC.  
 028000 02 WFT-CHECK-PORTION.  
 028100 04 WFT-KEY-FIELD.  
 028200 06 WFT-ZIP-KEY PIC X(5).  
 028300 06 WFT-PVDR-KEY PIC X(11).  
 028400 04 WFT-TREASURY-ACCT.  
 028500 06 WFT-FIS-YR PIC X(4).  
 028600 06 WFT-FND PIC X(3).  
 028700 06 WFT-AGNCY PIC X(3).  
 028800 06 WFT-ORG PIC X(4).  
 028900 06 WFT-APPR PIC X(3).  
 029000 06 WFT-ACT PIC X(4).  
 029100 06 WFT-OBJ PIC X(4).  
 029200 04 WFT-AC-FILL PIC X(6).  
 029300 04 WFT-CHECK-NO PIC X(10).  
 029400 04 WFT-DOC-DAT PIC X(8).  
 029500 04 WFT-CHECK-DAT PIC X(8).  
 029600 04 WFT-CK-AMT PIC S9(6)V99.  
 029700 04 WFT-PVDR-NMBR.  
 029800 06 WFT-PVDR-NO PIC X(9).  
 029900 06 WFT-LOC-NO PIC XX.  
 030000 04 WFT-PVDR-NAME PIC X(26).  
 030100 04 WFT-PVDR-ADDRESS.  
 030200 06 WFT-ST-ADD1 PIC X(25).  
 030300 06 WFT-ST-ADD2 PIC X(25).  
 030400 06 WFT-CITY PIC X(20).  
 030500 06 WFT-STATE PIC XX.  
 030600 06 WFT-ZIP PIC X(5).  
 030700 06 FILLER PIC X(4).  
 030800 02 STUB-DETAIL.  
 030900 06 WFT-CLIENT-NAME.  
 031000 08 WFT-CLT-LNAME PIC X(13).  
 031100 08 WFT-CLT-FNAME PIC X(12).  
 031200 06 WFT-CFP-CASE-NUM.  
 031300 08 WFT-CNTY-NO PIC XX.  
 031400 08 WFT-CASE-NO PIC X(6).  
 031500 08 WFT-MBR-NO PIC XX.  
 031600 06 WFT-CASE-NUM PIC X(6).  
 031700 06 WFT-MBR-NUM PIC XX.  
 031800 06 WFT-INVOICE-NO PIC X(8).  
 031900 06 WFT-LN-NO1 PIC 9.  
 032000 06 WFT-LINE-NO PIC 9.  
 032100 06 WFT-CHRG-DO PIC X(4).  
 032200 06 WFT-DO-NAME PIC X(17).  
 032300 06 WFT-SRV-PMT-DESC PIC X(12).  
 032400 06 WFT-SRV-START PIC X(8).  
 032500 06 WFT-SRV-END PIC X(8).  
 032600 06 WFT-UNIT-TYP PIC X.  
 032700 06 WFT-UNITS PIC S999V99.  
 032800 06 WFT-RATE PIC S9(5)V99.  
 032900 06 WFT-AMOUNT PIC 9(6)V99.  
 033000 06 WFT-APPR-UNIT PIC X(3).  
 033100 06 WFT-OBJECT PIC X(4).  
 033200\*  
 033300\*

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** CFPS Claim for Payment System - Reconciliation 'F' (return) File - Substitute Care Providers

**PURPOSE** The CFPS Reconciliation 'F' file is the collection of all payments and checks issued for K-100 invoice services by Substitute Care Providers as a result of the weekly checkwrite file and process from the previous week. The file is transferred to DHS-DYFS from Treasury for payment accounting and reconciliation and updating of the CFPS and PHIN (Payment History Inquiry system).

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Weekly - 2nd work day of week, usually Tuesday  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** SIS, PCIS, CFPS  
**FILE NAME** DX0130PM (TYMF028P.WEEKLY.CFPS.RECONCIL(0))

### INTERFACE PARTNER

**AGENCY** NJ Dept of Treasury  
**SYSTEM NAME** OMB Miscellaneous Checks, 'B' series  
**PLATFORM** IBM

**METHOD OF TRANSFER** Bull - OIT Network electronic file transfer to IBM

**COMMENTS** FILE CONTAINS EXACTLY THE SAME RECORD COUNT AND DATA AS OUTBOUND FILE TO TREASURY WITH THE INSERTION OF CHECK NUMBERS AND ISSUANCE DATES. IN ADDITION TO THE CHECKS PRINTED AND THE RETURN DATA FILES, CHECK REGISTERS ON PAPER AND FICHE ARE PREPARED AND DISTRIBUTED TO DYFS. FILE IS USED TO UPDATE CFPS AND PHIN FOR INCLUSION IN MONTHLY, QUARTERLY, AND ANNUAL EXPENDITURE PROCESSING.

**NUMBER OF DATA ELEMENTS** See below  
**APPROX. LENGTH OF RECORD** 1,239  
**APPROX. NUMBER OF RECORDS** ~ 150 check records (500 line items) / week

**DATA ELEMENTS** see ECSI/PING/F-BACK

006300\*

006400 FD TREAS-F-FILE

006500 RECORD CONTAINS 1239 CHARACTERS

006600 LABEL RECORDS ARE STANDARD.

006700 01 CPF-REC.

006800 03 CPF-CHECK-PORION.

006900 05 FILLER PIC X(73).  
 007000 05 CPF-CK-AMT PIC S9(6)V99.  
 007100 05 FILLER PIC X(118).  
 007200 03 CPF-STUB-PORTION OCCURS 8 TIMES.  
 007300 05 CPF-STUB-DETAIL PIC X(130).  
 007400\*  
 010200\*  
 010300 01 WFT-CPF-REC.  
 010400 02 WFT-CHECK-PORTION.  
 010500 04 WFT-KEY-FIELD.  
 010600 06 WFT-ZIP-KEY PIC X(5).  
 010700 06 WFT-PVDR-KEY PIC X(11).  
 010800 04 WFT-TREASURY-ACCT.  
 010900 06 WFT-FIS-YR PIC X(4).  
 011000 06 WFT-FND PIC X(3).  
 011100 06 WFT-AGNCY PIC X(3).  
 011200 06 WFT-ORG PIC X(4).  
 011300 06 WFT-APPR PIC X(3).  
 011400 06 WFT-ACT PIC X(4).  
 011500 06 WFT-OBJ PIC X(4).  
 011600 04 WFT-AC-FILL PIC X(6).  
 011700 04 WFT-CHECK-NO PIC X(10).  
 011800 04 WFT-DOC-DAT PIC X(8).  
 011900 04 WFT-CHECK-CYMD PIC X(8).  
 012000 04 WFT-CK-AMT PIC S9(6)V99.  
 012100 04 WFT-PVDR-NMBR.  
 012200 06 WFT-PVDR-NO PIC X(9).  
 012300 06 WFT-LOC-NO PIC XX.  
 012400 04 WFT-PVDR-NAME PIC X(26).  
 012500 04 WFT-PVDR-ADDRESS.  
 012600 06 WFT-ST-ADD1 PIC X(25).  
 012700 06 WFT-ST-ADD2 PIC X(25).  
 012800 06 WFT-CITY PIC X(20).  
 012900 06 WFT-STATE PIC XX.  
 013000 06 WFT-ZIP PIC X(5).  
 013100 06 FILLER PIC X(4).  
 013200 02 STUB-DETAIL.  
 013300 06 WFT-CLIENT-NAME.  
 013400 08 WFT-CLT-LNAME PIC X(13).  
 013500 08 WFT-CLT-FNAME PIC X(12).  
 013600 06 WFT-CFP-CASE-NUM.  
 013700 08 WFT-CNTY-NO PIC XX.  
 013800 08 WFT-CASE-NO PIC X(6).  
 013900 08 WFT-MBR-NO PIC XX.  
 014000 06 WFT-CASE-NUM PIC X(6).  
 014100 06 WFT-MBR-NUM PIC XX.  
 014200 06 WFT-INVOICE-NO PIC X(7).  
 014300 06 FILLER PIC X.  
 014400 06 WFT-LN-NO1 PIC 9.  
 014500 06 WFT-LINE-NO PIC 9.  
 014600 06 WFT-CHRG-DO PIC X(4).  
 014700 06 WFT-DO-NAME PIC X(17).  
 014800 06 WFT-SRV-PMT-DESC PIC X(12).  
 014900 06 WFT-SRV-START PIC X(8).  
 015000 06 WFT-SRV-END PIC X(8).  
 015100 06 WFT-UNIT-TYP PIC X.  
 015200 06 WFT-UNITS PIC S999V99.  
 015300 06 WFT-RATE PIC S9(5)V99.  
 015400 06 WFT-AMOUNT PIC S9(6)V99.  
 015500 06 WFT-APPR-UNIT PIC X(3).  
 015600 06 WFT-OBJECT PIC X(4).

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** CFPS Claim for Payment System - Checkwrite (send) File - Service Only Providers

**PURPOSE** The CFPS checkwrite file is the collection of all calculated payments for K-100 invoice services by Service Only Providers that have been electronically authorized by caseworkers. The file is transferred from Treasury, NJCFS for payment and accounting reconciliation and updating of the CFPS and PHIN (Payment History Inquiry system).

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** Weekly - last work day of week, usually Friday  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** CFPS  
**FILE NAME** DX0125PM

### INTERFACE PARTNER

**AGENCY** NJ Dept of Treasury  
**SYSTEM NAME** NJCFS  
**PLATFORM** IBM

**METHOD OF TRANSFER** Bull - OIT Network electronic file transfer to IBM

**COMMENTS** FILE LAYOUT IS DESIGNATED BY TREASURY, OMB AS MAPPED FOR DSN = TYMF034T (AU1TRANB, AU1TRANL, AU1TRANL). FILE IS PASSED TO NJCFS FOR FURTHER EDITING AND CHECK PROCESSING. EACH RECORD DOES NOT REPRESENT A SINGLE CHECK. FILE CONTAINS 3 RECORD TYPES - BATCH, DOCUMENT, LINE ITEM. CHECKS MAY OR MAY NOT BE ISSUED BASED ON NJCFS EDITING.

**NUMBER OF DATA ELEMENTS** See below  
**APPROX. LENGTH OF RECORD** See below  
**APPROX. NUMBER OF RECORDS** ~ 700 documents; 1,100 line items / week

### DATA ELEMENTS see ECSI/PING/A-FILE

004300 SELECT CP310A-FILE ASSIGN TO F1  
004400 ORGANIZATION IS GFRC SEQUENTIAL SSF.  
004500\*  
009600 FD CP310A-FILE  
009700 LABEL RECORDS ARE STANDARD.  
009800 01 CPA-REC PIC X(386).  
009900\*  
015700 01 WS-CPA-BREC.  
015800 02 B-BATCH-INFO.

015900	03 B-REC-TYPE	PIC X.	
016000	03 F	PIC X.	
016100	03 B-BATCH-TYPE	PIC XX.	
016200	03 F	PIC XX.	
016300	03 B-BATCH-ORG	PIC XXX.	
016400	03 F	PIC X.	
016500	03 B-BATCH-NO.		
016600	05 B-BATCH-LTR	PIC XX.	
016700	05 B-BATCH-JULIAN	PIC XXX.	
016800	05 B-BATCH-CON1	PIC X.	
016900	03 B-BAT-FILL	PIC X(20).	
017000	02 B-REMAIN-INFO.		
017100	03 B-CON-ZEROS	PIC XX.	
017200	03 B-NET-AMT	PIC 9(12)V99.	
017300	03 B-BATCH-NUM	PIC X(6).	
017400	03 B-BATCH-MO	PIC XX.	
017500	03 B-BATCH-DA	PIC XX.	
017600	03 B-BATCH-YR	PIC XX.	
017700	03 B-BATCH-CTL-CNT	PIC 9(4).	
017800	03 F	PIC X(300).	
017900	01 WS-CPA-DREC.		
018000	02 D-BATCH-INFO.		
018100	03 D-REC-TYPE	PIC X.	
018200	03 F	PIC X.	
018300	03 D-BATCH-TYPE	PIC XX.	
018400	03 F	PIC XX.	
018500	03 D-BATCH-ORG	PIC XXX.	
018600	03 F	PIC X.	
018700	03 D-BATCH-NO.		
018800	05 D-BATCH-LTR	PIC XX.	
018900	05 D-BATCH-JULIAN	PIC XXX.	
019000	05 D-BATCH-CON1	PIC X.	
019100	03 D-DOC-TYPE	PIC XX.	
019200	03 F	PIC XX.	
019300	03 D-DOC-ORG	PIC XXX.	
019400	03 F	PIC X.	
019500	03 D-DOC-NO.		
019600	05 D-DOC-CON	PIC X(5).	
019700	05 D-INV-NO	PIC X(6).	
019800	03 F	PIC X.	
019900	02 D-REMAIN-INFO.		
020000	03 D-TRANS-CODE	PIC XX.	
020100	03 D-TRANS-AGY	PIC XXX.	
020200	03 D-TRANS-NO	PIC X(11).	
020300	03 D-REC-MO	PIC XX.	
020400	03 D-REC-DA	PIC XX.	
020500	03 D-REC-YR	PIC XX.	
020600	03 D-FISC-MO	PIC XX.	
020700	03 D-FISC-YR	PIC XX.	
020800	03 D-BUDGET-FY	PIC XX.	
020900	03 D-DOC-ACTION	PIC X.	
021000	03 D-TYPE-VOUCHER	PIC X.	
021100	03 D-SCED-MO	PIC XX.	
021200	03 D-SCED-DA	PIC XX.	
021300	03 D-SCED-YR	PIC XX.	
021400	03 F	PIC X(4).	
021500	03 D-VENDOR.		
021600	05 D-PROV-NO	PIC X(9).	
021700	05 D-PROV-LOC	PIC X(2).	
021800	03 D-CHECK-CATEGORY	PIC X(2).	1021ET
021900	03 D-SINGLE-CHECK-FLAG	PIC X.	
022000	03 F	PIC X.	
022100	03 D-DOC-TOTAL	PIC 9(12)V99.	
022200	03 F	PIC X(192).	
022300	03 D-START-MO	PIC XX.	
022400	03 D-START-DA	PIC XX.	

022500	03 D-START-YR	PIC XX.
022600	03 F	PIC X(32).
022700	03 D-PAYT-TYPE	PIC X.
022800	03 F	PIC X(50).
022900	01 WS-CPA-LREC.	
023000	02 L-BATCH-INFO.	
023100	03 L-REC-TYPE	PIC X.
023200	03 F	PIC X.
023300	03 L-BATCH-TYPE	PIC XX.
023400	03 F	PIC XX.
023500	03 L-BATCH-ORG	PIC XXX.
023600	03 F	PIC X.
023700	03 L-BATCH-NO.	
023800	05 L-BATCH-LTR	PIC XX.
023900	05 L-BATCH-JULIAN	PIC XXX.
024000	05 L-BATCH-CON1	PIC X.
024100	03 L-DOC-TYPE	PIC XX.
024200	03 F	PIC XX.
024300	03 L-DOC-ORG	PIC XXX.
024400	03 F	PIC X.
024500	03 L-DOC-NO.	
024600	05 L-DOC-CON	PIC X(5).
024700	05 L-INV-NO	PIC X(6).
024800	03 F	PIC X.
024900	02 L-REMAIN-INFO.	
025000	03 L-LINE-CON	PIC 9.
025100	03 L-LINE-NO	PIC 9.
025200	03 F	PIC X(18).
025300	03 L-VENDOR-INVOICE.	
025400	05 L-CLT-LNAME	PIC X(14).
025500	05 L-CLT-FINIT	PIC X.
025600	05 F	PIC X.
025700	05 L-SVC-START-MO	PIC XX.
025800	05 L-SLASH1	PIC X.
025900	05 L-SVC-START-YR	PIC XX.
026000	05 F	PIC X.
026100	05 L-CTL-NUM	PIC X(6).
026200	05 L-DASH1	PIC X.
026300	05 L-LN-NUM	PIC X.
026400	03 L-FUND	PIC XXX.
026500	03 L-AGENCY	PIC XXX.
026600	03 L-XORG	PIC X(4).
026700	03 F	PIC XX.
026800	03 L-ACTIVITY	PIC X(4).
026900	03 L-OBJECT	PIC X(4).
027000	03 F	PIC X(25).
027100	03 L-LINE-DESC.	
027200	05 FILLER	PIC X(6).
027300	05 L-LN-DESC7	PIC X.
027400	05 FILLER	PIC X(5).
027500	03 L-LINE-AMT	PIC 9(12)V99.
027600	03 F	PIC X(14).
027700	03 L-APPR-UNIT	PIC X(3).
027800	03 F	PIC X(212).



## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** CFPS Claim for Payment System - OPVL Reconciliation (return) 'A' File - Service Only Providers

**PURPOSE** The CFPS Reconciliation OPVL file is the collection of all payments and checks issued from NJCFS for K-100 invoice services by Service Only Providers as a result of the NJCFS processing from the previous week. The file is transferred to DHS-DYFS from Treasury, NJCFS for payment accounting and reconciliation and updating of the CFPS and PHIN (Payment History Inquiry system).

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Weekly - 1st work day of week, usually Monday  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** SIS, PCIS, CFPS  
**FILE NAME** DX0125PM

### INTERFACE PARTNER

**AGENCY** NJ Dept of Treasury  
**SYSTEM NAME** NJCFS  
**PLATFORM** IBM

**METHOD OF TRANSFER** Bull - OIT Network electronic file transfer to IBM

**COMMENTS** File contains information for any checks issued by NJCFS during the previous week for CFPS invoices. Checks may have been issued from any previously submitted batches, if suspension errors were corrected or withheld status was removed in NJCFS. File is used to update CFPS and PHIN.

**NUMBER OF DATA ELEMENTS** See below  
**APPROX. LENGTH OF RECORD** 263  
**APPROX. NUMBER OF RECORDS** ~ 1,200 line items / week

**DATA ELEMENTS** see ECSI/PING/OPVL listed on next page

009900 FD TREAS-OPVL

010000 RECORD CONTAINS 263 CHARACTERS  
 010100 LABEL RECORDS ARE STANDARD.  
 010200 01 INPUT-OPVL.  
 010300 03 FILLER PIC X(146).  
 010400 03 IN-CHK-NO PIC X(10).  
 010500 03 IN-CHK-DATE.  
 010600 05 IN-CHK-CCYY. 0958ET  
 010700 10 IN-CHK-CC PIC 99. 0958ET  
 010800 10 IN-CHK-YY PIC 99.  
 010900 05 IN-CHK-CCYY-N REDEFINES IN-CHK-CCYY PIC 9(4). 0958ET  
 011000 05 IN-CHK-MM PIC 99.  
 011100 05 IN-CHK-DD PIC 99.  
 011200 03 FILLER PIC X.  
 011300 03 IN-CODE PIC XX.  
 011400 03 IN-BAT-NO PIC X(4).  
 011500 03 IN-TRANSFER PIC X.  
 011600 03 FILLER PIC X(91). 0958ET  
 011700\*  
 015700 01 WS-OPVL-REC.  
 015800 03 OP-VEND-NO PIC X(9).  
 015900 03 OP-LOC-NO PIC XX.  
 016000 03 OP-VOUCH-AGY-NO PIC X(3).  
 016100 03 FILLER PIC X(5).  
 016200 03 OP-INVOICE-NO PIC X(6).  
 016300 03 FILLER PIC X(31).  
 016400 03 OP-LINE-NO PIC 9.  
 016500 03 OP-FUND PIC X(3).  
 016600 03 OP-AGENCY PIC X(3).  
 016700 03 OP-ORGAN PIC X(4).  
 016800 03 OP-SUB-ORG PIC X(2).  
 016900 03 OP-ACTIVITY PIC X(4).  
 017000 03 OP-OBJECT PIC X(4).  
 017100 03 FILLER PIC X(24).  
 017200 03 OP-LINE-AMT PIC S9(12)V99.  
 017300 03 FILLER PIC X(31).  
 017400 03 OP-CHECK-NO PIC X(10).  
 017500 03 OP-CHECK-DATE.  
 017600 05 OP-CHK-CC PIC XX. 0958ET  
 017700 05 OP-CHK-YR PIC XX.  
 017800 05 OP-CHK-MO PIC XX.  
 017900 05 OP-CHK-DA PIC XX.  
 018000 03 OP-DISC-TYPE PIC X.  
 018100 03 OP-LINE-DESC PIC X(12).  
 018200 03 FILLER PIC X(63). 0958ET  
 018300 03 OP-APPR-UNIT PIC 9(3).  
 018400 03 FILLER PIC X(3).  
 018500 03 OP-W9-WHLD-IND PIC X.  
 018600 03 FILLER PIC X(15). 0958ET  
 018700 03 OP-SUSP-IND PIC X.  
 018800\*

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** CFPS Claim for Payment System - SUSP Suspension (return) 'A' File - Service Only Providers

**PURPOSE** The CFPS Suspension file is the collection of those payments that were suspended (checks not issued) by NJCFS for K-100 invoice services by Service Only Providers as a result of the NJCFS processing from the previous week. The file is transferred to DHS-DYFS from Treasury, NJCFS for updating of the CFPS of the payment status of approved line items.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Weekly - 1st work day of week, usually Monday  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** NJCFS  
**FILE NAME** DX0125PM

### INTERFACE PARTNER

**AGENCY** NJ Dept of Treasury  
**SYSTEM NAME** NJCFS  
**PLATFORM** IBM

**METHOD OF TRANSFER** Bull - OIT Network electronic file transfer to IBM

**COMMENTS** File contains information for any checks NOT issued by NJCFS and which are still outstanding for payment due to errors encountered in NJCFS for CFPS invoices submitted during the previous week, usually due to invalid vendor numbers. File is used to update CFPS payment status.

**NUMBER OF DATA ELEMENTS** See below  
**APPROX. LENGTH OF RECORD** 496  
**APPROX. NUMBER OF RECORDS** 1500/ week

**DATA ELEMENTS** see ECSI/PING/SUSP listed on next page

011700\*  
011800 FD TREAS-SUSF

011900 RECORD CONTAINS 496 CHARACTERS  
012000 LABEL RECORDS ARE STANDARD.  
012100 01 SUSF-REC.  
012200 03 FILLER PIC X(8).  
012300 03 SU-BATCH-TYPE PIC XX.  
012400 03 SU-BATCH-NO PIC X(4).  
012500 03 FILLER PIC X(8).  
012600 03 SU-ORG-CODE PIC X(4).  
012700 03 FILLER PIC X(1).  
012800 03 SU-DOC-NUM PIC X(6).  
012900 03 FILLER PIC X(45).  
013000 03 SU-DATE PIC X(6).  
013100 03 FILLER PIC X(412).  
013200\*

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** New Jersey Comprehensive Financial System (NJCFS) for schedule of estimated claims payments

**PURPOSE** DYFS will send a file to NJCFS of checks to be issued on third party contract which are paid on a monthly installment basis, based on the schedule of estimated claims for the contract. Provide the ability for a DYFS payment clerk to review the list online, authorize the payments online, and submit them to NJCFS to issue checks.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** Monthly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** To be determined  
**SOURCE (SIS PCIS etc)** SACWIS  
**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** Department of Treasury  
**SYSTEM NAME** NJCFS  
**PLATFORM** IBM

**METHOD OF TRANSFER** To be determined

### COMMENTS

This is done currently done by logging into NJCFS and entering one invoice at a time on the appropriate screen.

**NUMBER OF DATA ELEMENTS** 50  
**APPROX. LENGTH OF RECORD** 1300  
**APPROX. NUMBER OF RECORDS** To be determined

**DATA ELEMENTS** To be determined

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** New Jersey Comprehensive Financial System (NJCFS) for schedule of estimated claims payments.

**PURPOSE** NJCFS will send DYFS a file of checks that were issued on third party contract which are paid on a monthly installment basis, based on the schedule of estimated claims for the contract. Provide the ability for a DYFS payment clerk to review the list online.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Monthly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** To be determined  
**SOURCE (SIS PCIS etc)** SACWIS  
**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** Department of Treasury  
**SYSTEM NAME** NJCFS  
**PLATFORM** IBM

**METHOD OF TRANSFER** To be determined

### COMMENTS

This is currently done by logging into NJCFS.

**NUMBER OF DATA ELEMENTS** 50  
**APPROX. LENGTH OF RECORD** 1300  
**APPROX. NUMBER OF RECORDS** To be determined

**DATA ELEMENTS** To be determined

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME**      **LOOPS and Wages**

**PURPOSE**                      **DYFS Bureau of Revenue Development staff need to obtain quarterly earning information for families who are not receiving public assistance in order to establish the financial needs for IV-E eligibility determination.**

**EXISTING OR NEW**                      New  
**INCOMING / OUTGOING**                      Inquiry only  
**FREQUENCY**                      To be determined  
**BATCH/ON-LINE/OTHER** On line

### **DYFS SYSTEM**

**PLATFORM**  
**SOURCE (SIS PCIS etc)**      SACWIS  
**FILE NAME**

### **INTERFACE PARTNER**

**AGENCY**                      Department of Labor  
**SYSTEM NAME**                      LOOPS / Wages  
**PLATFORM**                      IBM

**METHOD OF TRANSFER**                      To be determined

### **COMMENTS**

BRD needs to have **easy** access to LOOPS. Currently, BRD needs to log into LOOPS, navigate through authorized screens, submit SSN and date parameter, and receive a print out of the earning records. The quarterly earning needs to be converted into monthly income. Together with the family sized information, the family will be determined whether it meets the 185% of 1996 NJ Standard of Needs.

**NUMBER OF DATA ELEMENTS**                      To be determined  
**APPROX. LENGTH OF RECORD** To be determined  
**APPROX. NUMBER OF RECORDS**                      To be determined

**DATA ELEMENTS**                      To be determined

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** Children's System of Care Initiative

**PURPOSE** To receive payment information of DYFS children who are enrolled in the Initiative.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Monthly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** SIS  
**FILE NAME** Variable

### INTERFACE PARTNER

**AGENCY** Medicaid  
**SYSTEM NAME** NJ Medicaid Management Information System  
**PLATFORM** UNISYS

**METHOD OF TRANSFER** Floppy disk, Bull FDP

### COMMENTS

As of 7/2002, 6 counties have begun provide services under the Initiative. Further implementation has been put on hold. In addition, most DYFS residential, group homes, and treatment homes providers have been paid by Medicaid.

**NUMBER OF DATA ELEMENTS** 56  
**APPROX. LENGTH OF RECORD** 410  
**APPROX. NUMBER OF RECORDS** 25,000 per month

**DATA ELEMENTS** To be determined



## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** Fingerprint Information System (FIPS)

**PURPOSE** DYFS receives an extract file that is used to update the fingerprint information on DYFS Substitute Home providers. Note that the FIPS system supports the CHRI (Criminal History Record Information) process.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Quarterly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** PCIS  
**FILE NAME** Variable

### INTERFACE PARTNER

**AGENCY** Department of Human Services  
**SYSTEM NAME** Fingerprint Information System  
**PLATFORM** Bull

### METHOD OF TRANSFER

#### COMMENTS

FIPS contains identifying information and tracks criminal history checks on individuals fingerprinted by the Department of Human Services.  
Currently, only 2 data elements in PCIS are updated. This can be changed with SACWIS implementation.

<b>NUMBER OF DATA ELEMENTS</b>	FCST- 15	FIPS- 76
<b>APPROX. LENGTH OF RECORD</b>	FCST- 183	FIPS- 530
<b>APPROX. NUMBER OF RECORDS</b>	FCST-40,000	FIPS-1,000

**DATA ELEMENTS** To be determined

## **INTERFACES TO EXTERNAL SYSTEMS**

**SYSTEM NAME** NJ Schools and Institutions list

**PURPOSE** To provide DYFS workers with school Institution names, addresses, contact information.

**EXISTING OR NEW** New

**INCOMING / OUTGOING** Incoming

**FREQUENCY** Quarterly

**BATCH/ON-LINE/OTHER** Batch

### **DYFS SYSTEM**

**PLATFORM** SACWIS

**SOURCE (SIS PCIS etc)** To be determined

**FILE NAME** To be determined

### **INTERFACE PARTNER**

**AGENCY** NJ Department of Education

**SYSTEM NAME** To be determined

**PLATFORM** Web site

**METHOD OF TRANSFER** Web site down load

### **COMMENTS**

**NUMBER OF DATA ELEMENTS** To be determined

**APPROX. LENGTH OF RECORD** To be determined

**APPROX. NUMBER OF RECORDS** To be determined

**DATA ELEMENTS** To be determined

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME**    Statewide Training System

**PURPOSE**        To send data on training completed by DYFS employees.

**EXISTING OR NEW**                      New  
**INCOMING / OUTGOING**                Outgoing  
**FREQUENCY**                      To be determined  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM**                      SACWIS  
**SOURCE (SIS PCIS etc)**            To be determined  
**FILE NAME**                      To be determined

### INTERFACE PARTNER

**AGENCY**                      Department of personnel  
**SYSTEM NAME**                      STADIS  
**PLATFORM**                      To be determined

### METHOD OF TRANSFER

### COMMENTS

**NUMBER OF DATA ELEMENTS**            To be determined  
**APPROX. LENGTH OF RECORD** To be determined  
**APPROX. NUMBER OF RECORDS**        To be determined

**DATA ELEMENTS**                      To be determined

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** DYFS Training Office test scoring

**PURPOSE** To load test scores into employee record.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Weekly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** SACWIS  
**SOURCE (SIS PCIS etc)** To be determined  
**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** Department Personnel  
**SYSTEM NAME** To be determined  
**PLATFORM** To be determined

### METHOD OF TRANSFER

### COMMENTS

**NUMBER OF DATA ELEMENTS** 20  
**APPROX. LENGTH OF RECORD** 200  
**APPROX. NUMBER OF RECORDS** 200

**DATA ELEMENTS** To be determined

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** DYFS Training course evaluation

**PURPOSE** To load evaluation scores into instructor records and course records.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Weekly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** SACWIS  
**SOURCE (SIS PCIS etc)** To be determined  
**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** Department of Personnel  
**SYSTEM NAME** STADIS  
**PLATFORM** To be determined

**METHOD OF TRANSFER** To be determined

### COMMENTS

**NUMBER OF DATA ELEMENTS** 20  
**APPROX. LENGTH OF RECORD** 200  
**APPROX. NUMBER OF RECORDS** 200

**DATA ELEMENTS** To be determined

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** Personnel management Information System (PMIS)

**PURPOSE** To provide ability to process personnel transactions such as hiring and termination and to produce reports and/or extracts files with the Focus report writer.

**EXISTING OR NEW** New  
**INCOMING / OUTGOING** To be determined  
**FREQUENCY** To be determined  
**BATCH/ON-LINE/OTHER** To be determined

### DYFS SYSTEM

**PLATFORM** SACWIS  
**SOURCE (SIS PCIS etc)** To be determined  
**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** Department of Personnel  
**SYSTEM NAME** PMIS  
**PLATFORM** IBM

**METHOD OF TRANSFER** To be determined

### COMMENTS

Currently, authorized DYFS users have the ability to log on directly to PMIS to enter transactions and to produce reports. The SACWIS must avoid unnecessary redundant data storage with PMIS and instead use a live interface where possible. If a live interface is not possible, a daily extract to populate and update SACWIS employee data will be required. When transaction are entered directly to PMIS by DYFS Personnel Office, a method is required to concurrently update the SACWIS system, avoiding duplicate data entry. Some PMIS transaction such as new hires are not fully processed for several weeks, and the SACWIS system must accommodate the time delay. PMIS is scheduled to be replaced, and the interface must be redirected accordingly.

**NUMBER OF DATA ELEMENTS** To be determined  
**APPROX. LENGTH OF RECORD** To be determined  
**APPROX. NUMBER OF RECORDS** To be determined  
**DATA ELEMENTS** To be determined

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** ALPHA-X

**PURPOSE** To feed DYFS client information into the ALPHA-X database  
which is used to find basic identification information for clients of FAMIS,  
SIS, ACSES, CBVI, or HEAP programs.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** Daily  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** SIS  
**FILE NAME** DJRN-JOURNAL

### INTERFACE PARTNER

**AGENCY** OIT  
**SYSTEM NAME** ALPHAX  
**PLATFORM** Bull

**METHOD OF TRANSFER** Direct access

### COMMENTS

**NUMBER OF DATA ELEMENTS** 20  
**APPROX. LENGTH OF RECORD** 60  
**APPROX. NUMBER OF RECORDS** 6,000 - 8,000

### DATA ELEMENTS

Last name, First name, County, Case Number, Person code, Sex, Race, DOB, SSN, Supervisory Code, Segment, Person Indicator, Public Assistance Status, Food Stamp Status.

```
000001*****5*****
000002*                *
000003*  JOBSTREAM: DX0094PD                *
000004*  PROGRAM   : PC983                    *
000005*  FILE NAME: PROD5/PCIS/JRNLDMP        *
000006*                *
000007*  NOTES: SAME RECORD LAYOUT AS JOURNAL FILE DJRN      *
000008*                *
000009*****
000010 FD  JRN-FILE
000011  LABEL RECORDS ARE STANDARD
000012  RECORD CONTAINS 60 CHARACTERS
```

000013 BLOCK CONTAINS 20 RECORDS  
 000014 DATA RECORD IS DJRN-JOURNAL1.  
 000015 01 DJRN-JOURNAL1.  
 000016 03 FILLER PIC X(60).

000001\*\*\*\*\*5\*\*\*\*\*  
 000002\*  
 000003\* JOBSTREAM: DX0096PD  
 000004\* PROGRAM : SI323  
 000005\* FILE NAME: PROD5/SISFILES/SISALPHX  
 000006\*  
 000007\* NOTES:  
 000008\*  
 000009\*\*\*\*\*

015200 FD ALPHA-X-FILE  
 015300 BLOCK CONTAINS 16128 CHARACTERS  
 015400 RECORD CONTAINS 79 CHARACTERS  
 015500 LABEL RECORDS ARE STANDARD.  
 044500 01 WS-ALPHA-X-RECORD VALUE SPACES.  
 044600 05 WS-ALPHA-CASENO PIC X(10).  
 044700 05 WS-ALPHA-PERSON PIC X(02).  
 044800 05 WS-ALPHA-SEQ.  
 044900 10 AX-YR PIC 9(02).  
 045000 10 AX-MO PIC 9(02).  
 045100 10 AX-DY PIC 9(02).  
 045200 10 AX-TM PIC 99V99.  
 045300 05 FILLER PIC X(04).  
 045400 05 WS-ALPHA-LAST-NAME PIC X(12).  
 045500 05 WS-ALPHA-FIRST-NAME PIC X(09).  
 045600 05 WS-ALPHA-MIDDLE-INITIAL PIC X(01).  
 045700 05 WS-ALPHA-COUNTY PIC X(02).  
 045800 05 WS-ALPHA-RACE PIC X(01).  
 045900 05 WS-ALPHA-SEX PIC X(01).  
 046000 05 WS-ALPHA-DOB PIC 9(06).  
 046100 05 WS-ALPHA-SSN PIC X(09).  
 046200 05 WS-ALPHA-IM-STATUS PIC X(01).  
 046300 05 WS-ALPHA-FS-STATUS PIC X(01).  
 046400 05 WS-ALPHA-SUPERVISOR PIC X(02).  
 046500 05 WS-ALPHA-SEGMENT PIC X(03).  
 046600 05 WS-ALPHA-FSPERSO PIC X(01).  
 046700 05 WS-ALPHA-ACTN PIC 9(01).  
 046800 05 FILLER PIC X(03).



## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** Home Provider Tracking System

**PURPOSE** To obtain information on prospective foster and adoptive home providers who have made inquiries through Foster and Adoptive Family Services ( FAFS).

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Daily  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** SACWIS  
**SOURCE (SIS PCIS etc)** N/A  
**FILE NAME** N/A

### INTERFACE PARTNER

**AGENCY** FAFS  
**SYSTEM NAME** Inquiry  
**PLATFORM** ACCESS

**METHOD OF TRANSFER** To be determined

### COMMENTS

The data needs to be encrypted for security and privacy reason.

**NUMBER OF DATA ELEMENTS** 15  
**APPROX. LENGTH OF RECORD** 150  
**APPROX. NUMBER OF RECORDS** 80 per day

### DATA ELEMENTS

Last Name, First Name, MI, Street Address, City, Zip, DOB, Sex, Application Sent Date.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** Clients Accounts Banking System Interface

**PURPOSE** To obtain information on deposits and other sources of benefit for DYFS clients and make it available in the SACWIS Accounts Receivable module.

**EXISTING OR NEW** new

**INCOMING / OUTGOING** Incoming

**FREQUENCY** Daily

**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** SACWIS

**SOURCE (SIS PCIS etc)** To be determined

**FILE NAME** To be determined

### INTERFACE PARTNER

**AGENCY** Department of Human Services

**SYSTEM NAME** Clients Accounts Banking System

**PLATFORM** Informix Universe Database

**METHOD OF TRANSFER** To be determined

### COMMENTS

**NUMBER OF DATA ELEMENTS** 15

**APPROX. LENGTH OF RECORD** 150

**APPROX. NUMBER OF RECORDS** 50 per day

### DATA ELEMENTS

Last Name, First Name, MI, SSN, DOB, Sex, Transaction Type, Transaction Date, Check Number, Check Date, Check Amount, Bank ID, Account ID, Memo, etc.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** TANF Data File on DYFS Relative Care Cases

**PURPOSE** To provide information to TANF for DFD quarterly Federal Reporting requirements.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** Quarterly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** SIS - ORACLE Client File  
**FILE NAME** [file name] + [year] + [quarter] e.g. T1-2002-1

### INTERFACE PARTNER

**AGENCY** DFD  
**SYSTEM NAME** TANF  
**PLATFORM** Bull

**METHOD OF TRANSFER** Bull Disk file

### COMMENTS

Currently, the file is prepared by OIS based on the ORACLE Client file. It will be prepared by OIT through Bull in 2003.

**NUMBER OF DATA ELEMENTS** 100  
**APPROX. LENGTH OF RECORD**  
**APPROX. NUMBER OF RECORDS** 3,000 per quarter  
**DATA ELEMENTS**  
T1 file - Header for active cases 29 data elements  
T2 file - Adult/Parent/Caregiver cases 30 data elements  
T3 file - Child data 10 data elements  
T4 file - Header for inactive cases 13 data elements  
T5 file - Inactive cases data 15 data elements  
T6 file - Trailer for T1 - T5 54 data elements

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** DYFS Relative Care Payment File

**PURPOSE** To avoid duplicate payments between TANF and DYFS for Relative Care Cases.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Outgoing  
**FREQUENCY** Monthly  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** Bull  
**SOURCE (SIS PCIS etc)** CPHR  
**FILE NAME** DYFSUDL/DFD/CP015

### INTERFACE PARTNER

**AGENCY** DFD  
**SYSTEM NAME** TANF  
**PLATFORM** Bull

**METHOD OF TRANSFER** Bull Disk file

### COMMENTS

File contains all Board payments made on behalf children in relative care placements (365 LV 90,92,93) beginning 1/2002.

**NUMBER OF DATA ELEMENTS** 20  
**APPROX. LENGTH OF RECORD** 200  
**APPROX. NUMBER OF RECORDS** 1,000 per month

### DATA ELEMENTS

Provider Name, Address, FPID, Location; Client Name, Case Number, DOB, SSN, Living Arrangement, Municipality; Service From and To Dates, Amount.

## INTERFACES TO EXTERNAL SYSTEMS

**SYSTEM NAME** DYFS Lock Box system

**PURPOSE** To receive information on checks deposit in DYFS Lock Boxes, and provide reports for daily check reconciliation.

**EXISTING OR NEW** Existing  
**INCOMING / OUTGOING** Incoming  
**FREQUENCY** Daily  
**BATCH/ON-LINE/OTHER** Batch

### DYFS SYSTEM

**PLATFORM** IBM-Bull- MS Access  
**SOURCE (SIS PCIS etc)** N/A  
**FILE NAME** FIDYFS.DAT - PSI554T2 - LOCKBOX.MDB

### INTERFACE PARTNER

**AGENCY** Fleet Bank  
**SYSTEM NAME** DYFS - Human Services Application  
**PLATFORM** Compaq IMAGESCAN

**METHOD OF TRANSFER** Advantise Connect Direct

### COMMENTS

In the future, the daily check file should go directly to the Server where the user application is located and by pass the upload and down load steps.

**NUMBER OF DATA ELEMENTS** 8  
**APPROX. LENGTH OF RECORD** 80  
**APPROX. NUMBER OF RECORDS** 80 per day  
**DATA ELEMENTS**  
Batch Header 3 data elements  
Detail Record 8 data elements  
Trailer Record 4 data elements  
Transmission Trailer 3 data elements

## **APPENDIX 6**

### **SAMPLE ASSESSMENTS**

**Division of Youth and Family Services**

**Substance Abuse Assessment Referral Form**

District/ARC Office (name/address)/Date

Referred: \_\_\_\_\_

Case Name: \_\_\_\_\_ KC #: \_\_\_\_\_

Case Manager/Phone #: \_\_\_\_\_

Supervisor/Phone #: \_\_\_\_\_

Litigation Case (circle one):    Yes    No    TANF/GA Eligible (circle one):    Yes    No

Mother (name, address, phone #): \_\_\_\_\_

\_\_\_\_\_

**Father (if known, name, address, phone #)** \_\_\_\_\_

\_\_\_\_\_

Child(ren')s Name(s)/Age

In-Home or

Out-of-

Home(check✓)

1. \_\_\_\_\_

☐☐

2. \_\_\_\_\_

☐☐

3. \_\_\_\_\_

☐☐

4. \_\_\_\_\_

☐☐

Suspected Drug Or Alcohol User:

**Name:** \_\_\_\_\_

**SS# (Optional):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Health Insurance/Medicaid Provider & Identification Number (If known):** \_\_\_\_\_

**Type(s) Substance(s) Reported/Suspected of Use**\_\_\_\_\_

Duration of Reported Use:\_\_\_\_\_

Cooperation Level re: Treatment (circle one): Poor Fair Good

Priority Level for Referral (DYFS Gatekeeper circles one):

Priority #1: Cases that are referred, either at intake or during an on-going case, in which it is believed that substance abuse within the home poses an imminent risk of harm to the child for abuse or neglect.

Priority #2: Existing DYFS in-home supervision cases in which substance abuse poses a risk of harm to the child for abuse or neglect.

Priority #3: Out-of-home placement cases in which family reunification may be delayed or cannot occur due to substance abuse of the parent/caretaker.

Comments (Relevant to suspected substance abuse.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **SIGNATURES**

DYFS Case Manager\_\_\_\_\_ Date\_\_\_\_\_

DYFS Case Supervisor\_\_\_\_\_ Date\_\_\_\_\_

[For cases in transition, i.e., from intake to ongoing supervision, from unit to unit, from worker to worker: DYFS Assigned Unit Supervisor/Casework Supervisor]

\_\_\_\_\_ Date\_\_\_\_\_

DYFS Gatekeeper/Liaison\_\_\_\_\_ Date\_\_\_\_\_

Substance Abuse Counselor\_\_\_\_\_ Date Rec'd.\_\_\_\_\_



## **DYFS Form 11-46, Substance Abuse Assessment Referral Form**

### **PURPOSE AND USE**

The form is used by the DYFS Case Manager to refer a DYFS client for a complete substance abuse assessment to determine:

- if the client has a substance abuse problem,
- the level of severity of the substance abuse problem and
- the level of care the client requires to appropriately treat the substance abuse problem.

The referral is made when:

- a referral alleges a child may be at risk of abuse/neglect due to the presence of substance abuse in the home;
- the observations of the Case Manager in an ongoing case indicates substance abuse poses a risk of child abuse or neglect; **or**
- family reunification of a child in out-of-home placement may be delayed or not occur due to the substance abuse of the parent/caretaker.

### **INSTRUCTIONS FOR COMPLETING THE FORM**

District/ARC Office/Date Referred: Enter the name of the DYFS District/ ARC Office making the referral and the date of the referral.

Case Name/KC #: Enter the name of the case as registered on SIS and the assigned KC number.

Case Manager/Phone #: Enter the name of the assigned Case Manager and his/her direct telephone number, including area code.

Supervisor/Phone #: Enter the name of the supervisor of the assigned Case Manager and his/her direct telephone number, including area code.

Litigation Case: Circle 'yes' or 'no' to indicate if the case is in litigation, i.e., termination of parental rights.

TANF/GA Eligible: Circle 'yes' or 'no' to indicate verification of client's eligibility for Temporary Assistance to Needy Families (TANF)/General Assistance (GA) benefits.

- Mother: Enter the name, address and telephone number of the mother of the child(ren) under supervision in the case.
- Father: Enter the name, address and telephone number, if known, of the father of the child(ren) under supervision in the case.
- Child(ren's) Name(s)/Age: List the full name(s) and age(s) of the child(ren) of the suspected substance abuser for whom the referral is being made.
- In-Home/Out-of-Home: Enter a check mark in the appropriate box next to each child's name to indicate the child's placement status at time of referral.
- Suspected Drug or Alcohol User: Enter the full name, address, social security number (optional), and date of birth (DOB) of the person suspected of using drugs and/or alcohol.
- Health Insurance/ Identification Number: Enter the suspected user's health insurance/ Medicaid Provider and insurance identification number, if known.
- Type(s)Substance(s): List the names of the substance(s) the referred person is alleged or reported to use.
- Duration of Reported Use: Enter the amount of time, i. e., months, years, the referred person indicates he/she has been using the alleged substances.
- Cooperation Level: Circle the appropriate term to describe how willing the referred person is to entering treatment.
- Priority Level for Referral: Circle one of the three listed priority levels which best describes the type of case being referred.

**Note:** Completed by DYFS Gatekeeper.

- Comments: Enter any pertinent substance abuse case information that may be helpful to the in-house CADC or the community-based substance abuse provider in conducting the substance abuse assessment.

## **PROCESSING THE FORM AND SIGNATURES**

DYFS Case Manager/Date:	The assigned DYFS Case Manager signs and dates the form and forwards it to his/her supervisor.
DYFS Case Supervisor/Date:	The assigned DYFS Case Supervisor reviews, signs and dates the form and forwards it to the DYFS Gatekeeper/Liaison <b><u>OR</u></b>
[For Cases in Transition...]	The DYFS assigned Unit Supervisor, if known, or Casework Supervisor reviews, signs and dates the form for any case that does not have an assigned Case Manager and forwards it to the DYFS Gatekeeper/ Liaison.
DYFS Gatekeeper/Liaison:	The DYFS District/ARC Office staff member assigned as the liaison between the staff and the in-house CADC, circles the priority level, signs and dates the form, and forwards it to the in-house CADC or community-based substance abuse provider.
Substance Abuse Counselor:	The in-house CADC or community-based substance abuse provider signs and dates the form upon receipt and sends a copy to the DYFS Case Manager for the case record.

## **DISTRIBUTION**

Original	In-house CADC or Community-based Substance Abuse Treatment Provider
Copy	DYFS Case Record

**State of New Jersey**  
**DEPARTMENT OF HUMAN SERVICES**  
**Division of Youth and Family Services**  
**Substance Abuse Assessment Form**

SECTION I: DYFS completes this section only for referral to a community-based substance abuse treatment provider. In all other cases, the in-house CADDC completes this section.

Date \_\_\_\_\_

Case Name \_\_\_\_\_ KC # \_\_\_\_\_

Name of Person Referred \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ SS # \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Marital Status (check one) ( ) Married ( ) Divorced ( ) Single ( ) Separated ( ) Widowed

Work Phone # (if applicable) \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Insurance \_\_\_\_\_ Medicaid # \_\_\_\_\_ ID Number \_\_\_\_\_

Litigation Case (circle one) Yes No TANF/GA eligible (circle one) Yes  
No

Next of Kin \_\_\_\_\_  
(Name) (Relationship)

Emergency \_\_\_\_\_  
(Name) (Relationship)

Referring Agency Name \_\_\_\_\_

Client's Understanding of Reason for Referral / Presenting Problem \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Name (current or most recent)/Address \_\_\_\_\_  
\_\_\_\_\_

Medical Conditions: (including current pregnancy, if applicable)  
\_\_\_\_\_

Current Medications Prescribed \_\_\_\_\_

---

Previous Treatment (Psychiatric or Chemical/Codependency)

---

(Agency)

---

(Contact Person)

---

(Agency)

---

(Contact Person)

## SECTION II

### ***Substance Use History***

(M) Mild                      (Mod) Moderate                      (S) Severe

Substance	Type Name	Route	Frequency	Amount	Age of Onset	Date of Last Use	Client Identified Problem Level
ALCOHOL							
MARIJUANA							
COCAINE							
OPIATES							
HALLUCINOGENS							
INHALANTS							
SEDATIVES							
METHADONE							

Did tolerance levels change after client began using?

( ) Increased    ( ) Decreased    ( ) Increased then decreased    ( ) Other

\_\_\_\_\_

When did client realize that the above alcohol/drug use was a problem? \_\_\_\_\_

\_\_\_\_\_

Counselor Comments:

\_\_\_\_\_

\_\_\_\_\_

### SECTION III

#### **Background Information**

##### **Family History:**

(Familial alcohol/drug history, medical history, psychological/psychiatric history, treatment history) \_\_\_\_\_

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##### **Current members of household:**

Name	Age	Relationship	Alcohol Use	Drug Use
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

Who does Client trust with his/her children? \_\_\_\_\_

---

Is family member(s) or significant other willing to participate in treatment process?  
Yes \_\_\_\_ No \_\_\_\_ If yes, list names:

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

**SECTION III (cont'd.)**

**Psychological History:**

Has Client ever experienced feeling depressed when not under the influence? If yes, when and how often? \_\_\_\_\_

Has Client ever had suicidal/homicidal ideation and/or attempts, hallucinations, flashbacks? If yes, when and how often? \_\_\_\_\_

Does Client have any sleeping/eating difficulties? \_\_\_\_\_

Has the Client experienced any unusual and/or bizarre behaviors while under the influence (acting out, aggression)? If so, how is behavior expressed?

**Social/Academic/Vocational History:**

What is Client's religion? \_\_\_\_\_ Does Client believe in a higher power? \_Y \_N  
Explain: \_\_\_\_\_

Is Client sexually active? \_\_\_\_Yes \_\_\_\_No Is it safe sex? \_\_\_\_Yes \_\_\_\_No

Explain: \_\_\_\_\_

Has the Client ever been physically/sexually abused or has the Client ever physically/sexually abused anyone? \_\_\_\_\_

Has the Client served in the Military? \_\_\_\_Yes \_\_\_\_No

If yes, Branch of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_ Vocational Training? \_\_\_\_\_

Reading/Writing Difficulties? \_\_\_\_\_

Is Client in need of further education/vocational training? \_\_\_\_Yes \_\_\_\_No

Type of educational/vocational training needed: \_\_\_\_\_



**SECTION III-Social/Academic/Vocational History (cont'd.)**

Does Client currently work? \_\_Yes \_\_No     If yes,  
where? \_\_\_\_\_

List Work History: \_\_\_\_\_  
\_\_\_\_\_

Type of work Client enjoys: \_\_\_\_\_

List current skills, talents, aptitudes, interests: \_\_\_\_\_  
\_\_\_\_\_

List past skills, talents, aptitudes, interests: \_\_\_\_\_  
\_\_\_\_\_

Client's strengths are: \_\_\_\_\_  
\_\_\_\_\_

Client's limitations are: \_\_\_\_\_  
\_\_\_\_\_

Is Client willing to participate in the treatment process? \_\_\_\_\_  
\_\_\_\_\_

**Medical History**

Has Client ever been treated and/or hospitalized for any condition/illness? If so, explain type of  
condition, where, when, and results: \_\_\_\_\_  
\_\_\_\_\_

Last Medical Examination: \_\_\_\_\_

Is Client presently on any medication(s)? \_\_\_\_\_

**Legal History**

Has Client ever had legal difficulties? \_\_\_\_\_

\_\_\_\_\_

Does Client have a court case pending? \_\_\_\_\_

Is Client presently on probation? If so, list name, address and phone number of probation officer: \_\_\_\_\_

Is Client court ordered to treatment? \_\_\_\_\_

## SECTION IV

### **MULTI-DIMENSIONAL EVALUATION:**

**Dimension 1, Acute Intoxication and/or Withdrawal Potential (risk):**

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**Dimension 2, Biomedical Conditions and Complications:** Are there current physical illnesses other than withdrawal that need to be addressed or which complicate treatment?

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**Dimension 3, Emotional/Behavioral Conditions and Complications:** Are there current psychiatric illnesses or psychological or emotional problems that need to be addressed or which complicate treatment? \_\_\_\_\_

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**Dimension 4, Treatment Acceptance/Resistance:** Is the Client compliant to avoid a negative consequence or actively object to receiving treatment? \_\_\_\_\_

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**Dimension 5, Relapse/Continued Use Potential:** Is the Client in immediate danger of continued severe distress and drinking/drugging behavior? Does the Client have any recognition and understanding of, and/or skills for how to cope with his/her addiction problems and prevent continued use? \_\_\_\_\_

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**Dimension 6, Recovery Environment:** Are there any dangerous family members or significant others, or school/working situations threatening engagement and success? Does the Client have supportive friendship, financial or educational/vocational resources to improve the likelihood of successful treatment?

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**Clinical Summary:** (i.e., Elaborate Client's problems in each assessment dimension by a brief narrative summary that integrates past history with current functioning and severity)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SECTION V                      DIAGNOSTIC IMPRESSION / RECOMMENDATIONS**

District/ARC Office \_\_\_\_\_ Referral Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_ KC #: \_\_\_\_\_  
Case Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Assessment Conducted In (circle one): Home Hospital Office Other

**Axis I:** Diagnostic Code \_\_\_\_\_ DSM-IV Name \_\_\_\_\_  
\_\_\_\_\_. \_\_\_\_\_  
\_\_\_\_\_. \_\_\_\_\_

**Axis II: Deferred**

**Axis III: Deferred**

**Axis IV:** (check all that apply)

Problems with primary support group	Occupational problems
Problems related to social environment	Housing problem
Educational problems	Economic problems
Problems with the legal system/crime	

**Axis V: G.A.F. Score-at time of admission: \_\_\_\_ G.A.F. Score-highest in past year \_\_\_\_**

[Instructions: 1) indicate severity profile; 2) Circle key dimensions determining level of care placement.]

<u>Key Placement Dimensions</u> (circle numbers)	<u>Severity Profile</u> (check one)		
	HIGH	MED	LOW
1. Acute intoxication and/or withdrawal potential.....	_____	_____	_____
2. Biomedical conditions and problems.....	_____	_____	_____
3. Emotional/behavioral conditions and problems.....	_____	_____	_____
4. Treatment acceptance/resistance.....	_____	_____	_____
5. Relapse potential/recidivism.....	_____	_____	_____
6. Recovery environment/family support.....	_____	_____	_____

Optimal Level of Care (check one)

____ Level 0.5 – Early Intervention	____ Level II.5 – Partial Hospitalization
____ Level I – Outpatient Treatment	____ Level III – Med.Monitored Intensive Inpt.
____ Level II.I –Intensive Outpatient	____ Level IV – Med. Managed Intensive Inpt.

**Risk of Harm (circle one):    HIGH                      MODERATE                      LOW**

**Recommendations (specify): \_\_\_\_\_**

_____ CADC	_____ Date	_____ Clinical Supervisor	_____ Date
_____ DYFS Case Manager	_____ Date	_____ DYFS case Supervisor	_____ Date

## **DYFS Form 11-47, Substance Abuse Assessment Form**

### **PURPOSE**

The purpose of the form is to provide a uniform, statewide procedure for the referral of DYFS clients in need of a substance abuse evaluation. Use of uniform criteria and protocols in the referral, assessment, diagnosis, level of care recommendation and identification of potential risk of harm to a child due to a parent/caretaker's substance use disorder enables all DYFS clients to receive the same services.

### **USE**

DYFS Form 11-47, Substance Abuse Assessment Form is used to collect information necessary for referral of a client to a Certified Alcohol/Drug Counselor (CADC) for a complete bio-psycho-social assessment to determine the extent and severity of a suspected substance use problem.

### **INSTRUCTIONS FOR COMPLETING THE FORM**

#### **General Instructions**

The DYFS Case Manager completes **only** Section I (page 1) of the form for any case being referred to a community-based substance abuse treatment provider. The entire form, with a completed DYFS Form 11-46, Substance Abuse Assessment Referral Form, is forwarded to the supervisor. The supervisor reviews and approves page 1, Section I of the DYFS Form 11-47, when applicable. The supervisor forwards the entire assessment form and the completed DYFS Form 11-46 to the designated DYFS office gatekeeper who prioritizes the referral and forwards both forms to the in-house CADC or a community-based substance abuse treatment provider.

The in-house CADC or community-based substance abuse treatment provider completes DYFS Form 11-47 and forwards the form back to the DYFS Case Manager and Supervisor who review, sign and date the assessment form.

#### **SECTION I (page 1: Completed by DYFS Case Manager or community-based substance abuse treatment provider. See General Instructions)**

Date: Enter the date page 1 is completed.

Case Name: Enter the name of the DYFS case as registered on SIS.

KC #: Enter the DYFS KC number.

Enter the name, address and telephone

Address/Phone#: number of the DYFS client being referred for a substance abuse assessment.

Age/DOB/Sex/Race/SS #: Enter the age, date of birth, sex, race and social security number of the DYFS client being referred.

Marital Status: Check the appropriate marital status of the DYFS client.

Work Phone #: Enter the telephone number where the DYFS client works, if applicable.

Insurance/Medicaid #/ID Number: Enter the name of the DYFS client's health insurance program. Include the Medicaid number, if applicable, or health insurance program identification number.

Litigation Case: Circle 'yes' or 'no' to indicate if the DYFS client's case is in litigation, i. e., termination of parental rights.

TANF/GA eligible: Circle 'yes' or 'no' to indicate if the DYFS client is Eligible (verified) for Temporary Assistance to Needy Families (TANF) or General Assistance (GA) benefits.

Next of Kin: Enter the name and relationship of the person the DYFS client provides as the closest relative.

In Case of Emergency: Enter the name and relationship of the person to be contacted in case of an emergency with the DYFS client.

Referring Agency Name: Enter the name of the DYFS District/ARC Office making the referral.

Client's Understanding: Enter a statement that describes the client's understanding of the reason for being referred for a substance abuse assessment. Include the client's perception of what is the presenting problem.

Employer Name: Enter, if applicable, the name, and current or most recent, address of the employer of the DYFS client.

Medical Conditions: List any health problems/medical conditions the DYFS client reports to have, including if client is currently pregnant.

Medications Taking: List medications (prescription and non-prescription) the DYFS client reports to be currently using.

Previous Treatment: Enter any prior psychiatric, psychological, substance abuse or codependency treatment/counseling the client reports. List the name(s) of the agency(ies) and a contact person (if known) where the client received treatment/counseling.

The DYFS Supervisor (only for referral to a community-based substance abuse treatment provider):

- a. reviews and approves page 1, Section I of DYFS Form 11-47 and
- b. forwards the entire assessment form and the completed DYFS Form 11-46 to the designated DYFS office gatekeeper.

The DYFS office gatekeeper (i.e., Casework Supervisor):

- a. prioritizes the referral based on the priority level checked on DYFS Form 11-46 and
- b. forwards both forms to the in-house CADC **or**
- c. if no in-house CADC assigned, forwards DYFS Forms 11-46 and 11-47 to a community-based substance abuse provider.

## **SECTION II (page 2)**

The in-house CADC or community-based substance abuse treatment provider completes Section II, Substance Use History with the referred DYFS client using clinically articulate comments specific to the client's responses to the questions.

## **SECTION III (pages 3-5)**

The information below is gathered by the CADC or community-based substance abuse treatment provider in an interview/discussion with the client.

The in-house CADC or community-based substance abuse treatment provider:

- a. enters the DYFS client's family history (page 3),
- b. enters the DYFS client's psychological history (page 4),
- c. enters the DYFS client's social/academic/vocational history (page 4-5),
- d. enters the DYFS client's medical history (page 5) and
- e. enters the DYFS client's legal history (page 5).

## **SECTION IV (page 6)**

The in-house CADC or community-based substance abuse treatment provider completes the Multi-Dimensional Evaluation portion of the assessment form indicating the level of severity in each of the six dimensions and providing detailed comments for each dimension.



The in-house CADC or community-based substance abuse treatment provider completes the Clinical Summary part of Section IV by integrating the data from Section II, Substance Abuse History with the DYFS client's current functioning and severity of addictive illness.

### **SECTION V (page 7)**

The in-house CADC or community-based substance abuse treatment provider completes Section V, Diagnostic Impression/Recommendations as follows:

- a. Completes the demographic information on the DYFS client: name, KC number, District/ARC Office, and the name and telephone number of the assigned DYFS Case Manager and Supervisor as indicated on DYFS Form 11-46, Substance Abuse Assessment Referral Form.
- b. Circles the location where the assessment occurred.
- c. Completes the multi-axial assessment information using the DSM-IV criteria as follows:
  1. AXIS I-clinical disorders (substance use disorders) includes the Diagnostic Code numbers and DSM-IV and i-e 303.90 Alcohol Dependence, etc.
  2. AXIS II-personality disorder-mental retardation deferred unless the Assessment is conducted by a physician.
  3. AXIS III-general medical conditions deferred unless the assessment is conducted by a physician.
  4. AXIS IV-psychosocial and environmental problems: Complete this section indicating the client's specific problem areas to determine stressors that exacerbate substance use. Check all that apply.
  5. AXIX V-Global Assessment of Functioning: Determine the DYFS client's current and recent past level of functioning as defined in the DSM-IV G. A. F Scale in order to establish the DYFS client's impairment in life area functions.
- d. Completes the ASAM Key Placement Dimension by circling the dimension numbers (1-6) and identifying the corresponding severity profile.
- e. Identifies the Optimal ASAM Level of Care using the results of the Key Placement Dimensions and Severity Profile appropriate to treat the severity of the DYFS client's substance use disorder.
- f. Risk of Harm (refers to the potential risk of harm for child abuse/neglect posed by the client's substance use.): The CADC circles **High** for a DYFS client with a child in the home under school age who meets the criteria of DSM-IV for a diagnosis of a Substance

Abuse or Dependence problem. The DYFS Case Manager and Supervisor incorporate this information into their determination of Risk of Harm.

- g. Recommendations: Provides specific treatment recommendations, i. e., names of treatment facilities that provide the level of care identified in the Optimal Level of Care portion of Section V.

The CADC and the Clinical Supervisor sign and date page 7 of the assessment form.

### **PROCESSING and CONFERENCING THE ASSESSMENT FORM**

The CADC forwards the completed DYFS Form 11-47 within 24 hours of the assessment to the DYFS Case Manager and Supervisor.

The DYFS Case Manager and Supervisor:

- a. review the completed assessment form and
- b. sign and date the assessment form.

The in-house CADC or community-based substance abuse treatment provider, in consultation with the DYFS Case Manager and Supervisor, conference the case. An initial DYFS Case Plan is developed by using the substance use assessment, DYFS Form 11-47 conducted by the CADC, the DYFS assessment and any other pertinent, collateral information. The Case Plan, DYFS Form 26-51d or e is discussed with the client who has the opportunity to provide input. The DYFS Case Manager and Supervisor maintain responsibility for the development of the final DYFS Case Plan and its implementation.

### **DISTRIBUTION**

Original	DYFS case record
Copy	Substance Abuse Treatment Provider
Copy	Client

State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
Division of Youth and Family Services

**Substance Abuse Treatment Provider Progress Report**

For outpatient and residential treatment programs 0-31 days submit report biweekly.  
For residential treatment programs 31 days and more submit report monthly.

Client Name \_\_\_\_\_ Report Date \_\_\_\_\_

DYFS District/ARC Office \_\_\_\_\_

DYFS Case Manager \_\_\_\_\_

DYFS In-house CADAC \_\_\_\_\_

Treatment Provider/Counselor \_\_\_\_\_

Admission Date \_\_\_\_\_ Anticipated Discharge Date \_\_\_\_\_

**LEVEL OF CARE (check one)**

Level I\_\_ Detox\_\_ Level II\_\_ Level II.5\_\_ Level III\_\_ Level III w/children\_\_

**I OUTPATIENT PROVIDER:** Client attendance: Regular\_\_ Sporadic\_\_

Number of treatment contacts scheduled\_\_ Number attended\_\_

**TO BE COMPLETED BY ALL PROVIDERS**

**II URINE DRUG SCREENS:** total # \_\_\_\_\_ #positive \_\_\_\_\_ #negative \_\_\_\_\_

Date(s) of positive drug screens \_\_\_\_\_

Substances \_\_\_\_\_

**III PSYCHOLOGICAL** (circle appropriate number: 1=poor; 2=fair; 3=good)

- |                            |       |                                     |       |
|----------------------------|-------|-------------------------------------|-------|
| a. Self-esteem             | 1 2 3 | f. Overall attitude                 | 1 2 3 |
| b. Communication skills    | 1 2 3 | g. Development of coping mechanisms | 1 2 3 |
| c. Decision-making skills  | 1 2 3 | h. Family relationships             | 1 2 3 |
| d. Level of responsibility | 1 2 3 | i. Age-appropriate behavior         | 1 2 3 |
| e. Interaction with peers  | 1 2 3 | j. Knowledge of parenting skills    | 1 2 3 |

**IV MOOD:** \_\_\_\_fluctuates \_\_\_\_manic \_\_\_\_hostile \_\_\_\_depressed \_\_\_\_anxious

<u><b>INSIGHT</b></u>	<u><b>ATTITUDE TOWARD SELF</b></u>	<u><b>THOUGHT PROCESS</b></u>
<input type="checkbox"/> denies problem	<input type="checkbox"/> critical	<input type="checkbox"/> alert
<input type="checkbox"/> minimizes problem	<input type="checkbox"/> accepting	<input type="checkbox"/> confused
<input type="checkbox"/> accepts problem	<input type="checkbox"/> blames others	<input type="checkbox"/> realistic

(check one for each category)

ATTITUDE TOWARD TREATMENT/RECOVERY (**check one**)

☐ Defensive ☐ Open-minded ☐ Negative ☐ Positive ☐ Fluctuates

**V COUNSELOR COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR part 2) prohibit you from further disclosures of it without the specific consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

## **DYFS Form 11-48, Substance Abuse Treatment Provider Progress Report**

### **PURPOSE AND USE**

The form is used by a substance abuse treatment provider to report the progress of a DYFS client accepted into a treatment program.

When a referred client is admitted to a program:

1. The in-house CADC sends the form to the designated substance abuse treatment provider with a signed T&R 11, Records Release Authorization; or
2. In those cases where an in-house CADC is not involved, the DYFS Case Manager sends the form directly to a community-based substance abuse treatment provider, with a signed T&R 11, Records Release Authorization.

A cover letter accompanies the form.

For outpatient and residential treatment programs of 0-31 days duration, the progress report is submitted to DYFS biweekly. For residential treatment programs of 31 days and longer duration, the progress report is submitted to DYFS monthly.

### **INSTRUCTIONS FOR COMPLETING AND PROCESSING THE FORM**

The assigned substance abuse treatment counselor:

- a. completes the form in its entirety,
- b. signs and dates the form and
- c. forwards the form to the assigned in-house CADC or DYFS Case Manager in cases where an in-house CADC is not involved.

### **DISTRIBUTION**

Original	In-house CADC or Community-based Substance Abuse Treatment Provider
Copy	DYFS case record

**New Jersey Child Safety Assessment  
District Office Use**

**05-05-99 DRAFT**

**PART A. PERSONS PRESENT**

**SAFETY ASSESSMENT CONDUCTED AT \_\_\_\_\_ O'CLOCK, ☐A.M. ☐P.M., ON: \_\_\_\_ MONTH \_\_\_\_ DAY \_\_\_\_\_ YEAR (4 DIGITS)**

**(ADDRESS):** \_\_\_\_\_  
\_\_\_\_\_

Please list the children living in the home at the time of the Safety Assessment visit. If any child believed to be living in the home was not present at the time of the visit, please indicate his/her whereabouts, if you are able to determine it:

<b>Child</b>	<b>Whereabouts</b>	<b>Relationship to Family</b>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		
<b>6.</b>		

Please list the adults present in the home at the time of the Safety Assessment visit. If any adult believed to be living in the home was not present at the time of the visit, please indicate his/her whereabouts, if you are able to determine it:

<b>Adult</b>	<b>Whereabouts</b>	<b>Relationship to Family</b>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		

## **Part B. Safety Assessment      Section 1: Safety Factor Identification:**

**Directions:** the factors listed below are behaviors or conditions that are associated with a child being in danger of immediate or serious harm. Identify the presence or absence of each factor by circling either “no,” or “yes” if the factor applies to any child in the household. **Although only one Safety Assessment instrument needs to be completed for the family at a given time, you must consider the vulnerability of each child living in the home throughout the assessment.** You need to remember that young children cannot protect themselves. Also, older children who have mental, emotional, and/or physical disabilities and children who have been repeatedly victimized often cannot protect themselves. Finally, remember that a history of previous reports of child abuse and neglect is strongly associated with new incidents of child maltreatment.

1. Yes    No    The child is alone and is not competent to care for himself.
2. Yes    No    Child is fearful of caretaker(s), other family members, or other people living in or having access to the home.
3. Yes    No    Child’s behavior poses an immediate threat of harm to himself or to others and the caretaker cannot control the behavior.
4. Yes    No    Caretaker is verbally hostile when talking to or about the child and/or the caretaker has extremely unrealistic expectations for the child’s behavior.
5. Yes    No    Caretaker’s behavior is violent or out-of-control.
6. Yes    No    Caretaker has caused serious harm to the child or has made a plausible threat to cause serious harm to the child.
7. Yes    No    Caretaker has an unconvincing explanation for the child’s injury or physical condition.
8. Yes    No    The caretaker refuses access to the child, or there is reason to believe that the family is about to flee, or the child’s whereabouts cannot be ascertained.
9. Yes    No    Caretaker has not, cannot, or will not provide supervision necessary to protect the child from potential serious harm, including harm from other persons living in or having access to the home.
10. Yes    No    Caretaker is unwilling or unable to meet the child’s immediate needs for food, clothing, shelter, and/or medical or mental health care.
11. Yes    No    A caretaker or other person living in or having access to the home has previously abused or neglected a child and the severity of the prior maltreatment suggests that the child’s safety is an immediate concern at this time.
12. Yes    No    Caretaker appears indifferent to the child’s safety and/or injuries or other health conditions that merit the caretaker’s immediate attention and concern.
13. Yes    No    Child sexual abuse is suspected and circumstances suggest that continued sexual or other abuse is an immediate concern.
14. Yes    No    Physical conditions in the home are hazardous and immediately threaten the child’s safety – for example: utilities are shut off; the home is lit by candles and/or heated by a gas stove or by unsafe space heaters; etc.
15. Yes    No    There are signs that domestic violence in the home may seriously affect the caretaker’s ability to supervise, protect, or care for the child.
16. Yes    No    Current drug and/or alcohol use by caretaker(s) or others living in or having access to the home seriously affects the child’s safety.
17. Yes    No    The physical or mental health or mental limitations of caretakers or other persons living in or having access to the home seriously affects the child’s safety.
18.    Yes    No    Other (specify): \_\_\_\_\_

**IF ANY SAFETY FACTORS ARE CIRCLED, COMPLETE PART B, SECTION 2.**

**IF NO SAFETY FACTORS ARE PRESENT, GO TO PART C: SAFETY DECISION, AND CHECK “SAFE”.**



**Part B. Safety AssessmentSection 2: Safety Factor Description:**

**Directions:** List below the number for each safety factor that is marked “YES.” Describe the specifics of each factor: the name(s) of the persons involved or affected, the specific behaviors that are involved, and any other circumstances that are important to understanding the nature of the safety factor.

<b>Safety Factor #</b>	<b>Specific Safety Issues</b>	<b>Names of Persons Involved/Affected</b>	<b>Specific Behaviors</b>	<b>Circumstances</b>

**Completed by \_\_\_\_\_ (worker) on \_\_\_\_\_ (date)**

## **Part C: Safety Decision**

**Directions:** Identify your safety decision by checking the appropriate line below. Check one line only. Your decision should be based on the assessment of all safety factors listed on this instrument taken together with any other information about this case that is available to you. Check SAFE only if you did not identify any safety factors in Section 1 of PART B.

☐ **SAFE:** No children are likely to be in danger of immediate or serious harm at this time.  
Supervisor's signature \_\_\_\_\_ Conference date \_\_\_\_\_

☐ **UNSAFE:** Placement is the only safe alternative for the child(ren) at this time. Unless they are placed, the child(ren) will likely be in danger of immediate or serious harm.

**Children placed by voluntary agreement.**

**Children placed by Family Court Order.**

**Children placed by emergency (Dodd) removal.**

Supervisor's signature \_\_\_\_\_ Conference date \_\_\_\_\_

Case Work Supervisor's signature \_\_\_\_\_ Conference date \_\_\_\_\_

**Children removed from foster home (Institutional Abuse Unit).**

**Deferred removal from foster home (Institutional Abuse Unit).**

Investigator's signature \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Conference date \_\_\_\_\_

☐ **IN-HOME SAFETY PROTECTION PLAN (COMPLETE PART D)**

One or more in-home safety actions have been or are being taken. This action(s) creates sufficient safety to allow the child(ren) to remain in the home during this immediate time period.

Supervisor's signature \_\_\_\_\_ Conference date \_\_\_\_\_

Case Work Supervisor's signature \_\_\_\_\_ Conference date \_\_\_\_\_

**SAFETY MUST BE REASSESSED NO LATER THAN**

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MONTH

DAY

YEAR (4 DIGITS)

**DESCRIPTION OF SAFETY PROTECTION PLAN:**

- (1.) Please list each SAFETY ACTION undertaken as part of the SAFETY PROTECTION PLAN separately.**
- (2.) For each SAFETY ACTION, describe WHO is responsible for its implementation.**
- (3.) For each SAFETY ACTION, describe WHO will monitor its effectiveness and HOW this monitoring will be done.**
- (4.) As necessary, describe HOW and WHEN information about the effectiveness of the SAFETY PROTECTION PLAN will be provided to the case manager.**

Safety Action	Implementation	Monitoring		Information to Case Manager	
	Who	Who	How	How	When

**APPENDIX 7**  
State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
Division of Youth and Family Services

**DYFS CONFIDENTIALITY AGREEMENT**  
(For Non-employees)

The Division of Youth and Family Services (DYFS) is required to keep information about its clients and former clients confidential. Therefore, individuals who perform work for the Division and who are non-employees (such as volunteers, students, interpreters, consultants and contractors who have access to DYFS client records) are required to maintain this confidentiality.

Types of information to be safeguarded include but are not limited to:

Individual names or listings of names or addresses of present clients or former clients, including adults and children;

Past and present financial, social, medical, psychological, educational information about a client;

Identification of services that the agency is providing or has provided to individual clients, including, but not limited to, protective services.

Only the District Office or Adoption Resource Center Manager can approve the release of information, photographs and/or records identifying past or present persons receiving DYFS services under the following conditions:

Where the information does not relate to child abuse, with the consent of the person identified or, if a minor, of his parent/legal guardian (N.J.A.C. 10:133G and Administrative Order 2:01); or

Where the information does relate to child abuse, only in accordance with one of the specific exemptions that permit disclosure, as set forth in N.J.S.A. 9:6-8.10a.

Since it is against the law to release certain client records or information, any person who deliberately releases or encourages the release of such information may be guilty of a misdemeanor which may result in a fine and/or imprisonment.

In addition to keeping client information confidential, all reports and publications written by or for DYFS and not approved for public release must be kept confidential within DYFS.

By signing this form, I acknowledge that I have read this confidentiality statement and understand its content and agree to comply with it. I agree to maintain client confidentiality and the confidentiality of agency reports not approved for public release in my work with the Division of Youth and Family Services.

Non-Employee

_____	_____
Signature	Date
_____	_____
Name Typed or Printed	Title/Non-employee Classification
_____	
Work Location	

DYFS Representative

_____	_____
Signature	Date
_____	_____
Name Typed or Printed	Title
_____	
Work Location	

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